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MEDICAL FACULTY. McGILL UNIVERSITY

EDITOR, C. M. A. J.

THE
# CANADIAN NURSE
A Monthly Journal for the Nursing Profession in Canada

VOL. XIV. VANCOUVER, B.C., JULY, 1918 No. 7

The Canadian Nurse and Hospital Review

Editor and Business Manager.....MISS HELEN RANDAL
302 Fifteenth Avenue, East Burnaby, B. C.

Collaborators.....{ MISS ELIZABETH ROBINSON SCOVIL
MISS EUNICE H. DYKE, R. N.

OWNED AND PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

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## Report of the Annual Meeting of the National Council of Women

The meeting was held in Brantford, Ontario, the opening Council meeting being held Wednesday, June 12th, at 2.30 p.m. The Address of Welcome was given by Mrs. Livingstone, President of the Brantford Local Council of Women. Mrs. Torrington, the President, responded.

The days spent in Brantford were made most enjoyable by the people of the city. The Brantford Local Council of Women made all arrangements for billeting the delegates and providing entertainment. A luncheon was given each day by the Ladies' Aids of the different churches. The delegates were also entertained by the Rotary Club at the Brantford Golf Club. One feature very much enjoyed by all was a visit to the Mohawk Institute, where the Indian boys and girls are being educated.

It would be almost impossible to report the business transacted during the sessions, and the repport given here only deals with the subjects in which nurses are directly interested.

The following message was sent to our soldiers and nursing sisters overseas:—RESOLVED: "That the love and gratitude of the National Council of Women, assembled in convention in Brantford, be sent to

General Sir Arthur Currie, to our splendid soldiers and nursing sisters, for protecting our liberty and ideals with such couage and devotion in this great world war."

The question of nationel shortage of nurses for civil work was fully discussed, and the following resolution passed the Council without discussion:—"Whereas, the shortage of nurses throughout Canada is already beginning to effect the civil population, and will very soon be a hardship to our nation; and, whereas, it becomes urgent that the annual output of nurses from the training schools must be largely increased to meet this need, be it resolved that the National Council of Women ask the Federal Government to approach the Provincial Governments, recommending them to consider the possibility of supplying the necessary financial assistance to the civil hospitals that are properly equipped and willing to undertake the work of training additional pupils."

It was also decided that the National Council of Women would appeal to the young women of Canada to consider the need of nurses, and, if possible, to enter for this branch of work, this appeal being sent through the affiliated societies: The Press, the Universities, and the Educational Departments of the Provinces.

Another recommendation which met with the approval of all present was that the National Council of Women approach the newly-organized provincial committees, urging them to interest all affiliated organizations in their respective province, in order that a movement shall be carried on to interest and educate the public, especially in rural districts, to the value of employing properly trained nurses to do the necessary nursing work.

The resolution concerning the V. A. D., which had been submitted to the Canadian National Association of Trained Nurses before the annual meeting, was fully discussed, and the meaning of the resolution explained. The resolution was poorly worded and did not convey the meaning as intended. After re-wording, the following resolution was submitted and passed with full approval of all the delegates:—"Whereas, the Dominion Government has given a National Service Pin to women working in munition factories, even though they are paid for their services, and in view of the fact that so many of the finest of our young Canadian women have given their services voluntarily to do V. A. D. work in the military hospitals in Canada and overseas, be it resolved that the National Council of Women suggest to the Dominion Government that an appropriate National Service Pin be given to the V. A. C. workers, under the St. John's Ambulance Brigade, who have given satisfactory service for a period of six months."

The organization of a Federal Department of Health was once more discussed, and it was decided to urge the Government to establish such a Department, including Child Welfare, and Venereal Disease, under direction of a Minister, chosen not for political affiliation, but on a basis of competency.

Professor Osborne, of the University of Manitoba, spoke on the need



of re-organization of the educational system throughout Canada, and appealed to the National Council of Women for support toward this end.

It was decided that the National Council of Women would support the movement, to arrange a national conference on Education, as outlined by Professor Osborne.

Another question which should be of interest to the members of the Canadian National Association of Trained Nurses was the using of wool for sweaters and non-essential articles. The general impression seemed to be that as long as the beautiful colored wools were offered for sale the women of Canada would buy it and knit sweaters. The only way to remedy this is to begin at the beginning, and the following resolution was passed with such enthusiasm that none of the members present could possibly have been guilty of this particular lack of patriotism:—"Resolved, that the National Council of Women ask the War Trade Board to direct the distribution of wool, spun yarn and worsted, so that it be not released to the manufacturers who will use it for any fancy yarns, or for knitting fancy articles, that are not conducive to the carrying on of the war. To further urge them to conserve the wool supply by stopping the production of fancy woollen articles, especially sweaters, thus releasing workers and machinery for knitting articles necessary for the continuance of the war."

One of the most important and far-reaching resolutions was one to allow all affiliated organizations, in any province, to form a Provincial Council to deal with entirely Provincial affairs. The President of the Provincial Council is to be the National Vice-President in that Province, the Executive Committee to consist of the president of every organization affiliated with the N. C. of W., and one member appointed by the affiliated organizations. This Provincial Council is to have the right to approach the Provincial Legislatures for any legislation needed in the individual Province. The Graduate Nurses' Association of each province should take up the matter and make sure that the nurses of the province are represented on this Executive. This is most important and will provide an opportunity for the nursing organizations to be more closely in touch with other women's organizations.

The members of the Canadian National Association of Trained Nurses have probably read press notices dealing with certain actions of Lord and Lady Aberdeen, during their recent visit to this country. The Executive of the National Council of Women had taken up these charges, as Lady Aberdeen is the Honorary President of that body, and it was definitely proved that all the charges were entirely without foundation. This fact should be given wide publicity, in order to correct the statements already made by certain magazines.

The interest of the whole convention hinged around the resolution sent in by the Imperial Order of the Daughters of the Empire, which was to the effect that unless the N. C. of W. withdrew their membership in the International Council of Women, on account of the relationship with

enemy countries, that the I. O. D. E. would withdraw membership in the National Council of Women. After a great deal of discussion the following resolution was passed:—"That the work of the women in internationally-organized associations, with the exception of the Red Cross, since the beginning of the war, has been in abeyance, the National Council of Women is exactly in the same position with regard to its international affiliations as the Y. M. C. A., the W. C. T. U., the Y. W. C. A., the International Council of Nurses and the International Suffrage Alliance, and, like these international associations, the National Council of Women is waiting until the war is won before pronouncing its policy. One fact is certain, that the N. C. of W. will act in harmony with the other National Councils of Women of the British Empire."

The future action of the I. O. D. E. is, of course, uncertain. Every delegate present felt that it would be a great drawback to have the I. O. D. E. withdraw membership, but felt that, under the circumstances, no other decision could be reached by the N. C. of W.

The announcement that the Federal Franchise had passed the Senate, and was the law of the land, received great applause. The announcement came by telegram to Dr. Stowe Gullen, of Toronto, from Sir George Foster.

It was felt that the present recreation associations throughout Canada should co-ordinate and become stronger through unity. The N. C. of W. is to make an effort to encourage the organization of a National Recreation Association.

The notice of the members of the National Association of Trained Nurses is called to a book on the "Legal Status of Women," published by Mrs. Edwards, of McLeod, Alberta. This book is for sale and can be obtained from the Secretary of the National Council of Women.

The new officers for 1918-1919 are:—

President.....Mrs. W. E. Sanford, Hamilton
Recording Secretary.....Lady Falconer, Toronto
Corresponding Secretary....Mrs. Rhys Fairbairn, Toronto
Treasurer.....Mrs. George Watt, Brantford

Resolutions dealing with other subjects were passed, but, owing to space, it is not possible to embody them in this report. The *Woman's Century Magazine* will publish the convention in full, and the members may read the full report in that magazine.

The Canadian National Association of Trained Nurses was represented by the President, from whom the above the report is sent.

JEAN I. GUNN,
President C. N. A.



## Canadian Association of Nursing Education

Officers for 1917-1918

President.....Miss Helen Randal, East Burnaby, B.C.
First Vice-President.....Miss Phillips, Montreal
Second Vice-President.....Miss Johns, Winnipeg, Man.
Secretary.....Miss Flaws, Toronto
Treasurer.....Miss M. Hersey, Montreal

Councillors:

Miss J. Gunn, Toronto; Miss Smith, Calgary; Miss Retallick, St. John, N.B.; Miss Watson, Yarmouth, N.S.; Miss Mathieson, Toronto; Mrs. Bowman, Halifax, N.S.

Auditors—Miss Catton, Miss Ellis.

Officers 1918-1919.

President.....Miss E. Flaws, Toronto
First Vice-President.....Miss Randal, East Burnaby, B.C.
Second Vice-President.....Miss E. Snell, Montreal
Third Vice-President....Miss Claudia Boskill, Kingston, Ont.
Secretary.....Miss E. MacP. Dickson, Weston, Ont.
Treasurer.....Miss M. Hersey, Montreal, Que.

Councillors:

Misses Stanley, Johns, Winslow, Fairley, Wilson, Ellis, Rowan, Gray.

## MINUTES OF MEETING OF THE CANADIAN ASSOCIATION OF NURSING EDUCATION.

The eleventh meeting of the Canadian Association of Nursing Education opened at 10 a.m., in West Hall, Toronto University, Tuesday, June 4th, 1918, Miss Randal, President, in the chair.

Miss Mathieson, for the secretary, read the minutes of the tenth meeting, in Montreal, in 1917, and on her motion they were adopted.

Miss Flaws read the minutes of the Executive Council, and moved their adoption. Carried.

The President, in her address, referred to the great loss sustained by hospitals, nurses and children by the death of Mr. John Ross Robertson; to the cruel bombing of hospitals in France by the Teutons; to the importance of the curriculum that is being prepared for the practical education of nurses, which it is hoped to standardize; to the need of nurses mingling more generally with the public and taking part in matters of social and public interest, and with other women's organizations, so that the power of the Canadian nurse may be duly exercised and her rightful place should be filled.

The Secretary's report was read by Miss Flaws and adopted.

Madam President and Members of the
Canadian Association of Nursing Education:—

Since the annual meeting in Montreal on June 12th, four meetings have been held: one in Montreal, at which the different committees were appointed, and three in Toronto, at which nominations for the Canadian National Association of Trained Nurses and for the Woman's Council were sent in and other necessary business transacted, and the third meeting which was held just before the opening of this session, at which a number of new members were admitted.

At the annual meeting the constitution and bylaws were revised, which changed our name to the Canadian Association of Nursing Education, as our old title was no longer accurate or appropriate. Inasmuch as we now welcome into our midst the District Superintendent of the Toronto Branch of the Victorian Order of Nurses and the Director of Public Health Nursing, Toronto, also a nurse who is in charge of child welfare work and an instructress in one of the large training schools, we feel that the change has been a good one; and this is, we hope, only a beginning of many who are interested in education of nurses joining our Association.

The revised constitution arranges for the organization of Chapters, these to be affiliated with the parent Society, thus bringing the nursing activities of the different parts of the country into closer relation with the work at headquarters, and supplementing the work which the Society is trying to do at its coming together once a year. One Chapter was formed early in the New Year, to be called the Toronto Chapter of the Canadian Association of Nursing Education. I would strongly urge the formation of other Chapters in large cities and other suitable localities.

Miss Locke was appointed convener of the Committee on "Nursing of Tuberculosis," and we are looking forward to her report with great interest.

Miss Dickson was appointed convener of the Committee on what is perhaps of the most vital interest to our Society, namely, "Standardization of Training Schools."

We come together this morning under the shadow of a great bereavement —that is, the death of our revered friend, Mr. J. Ross Robertson, a man who has been most interested in hospital and training school work. He has been rightly called, in one of our daily papers, "the friend of little children;" but he was equally a friend of trained nurses, whether pupils or graduates. The hospital itself stands as a monument to his interest in the children; the residence in connection with the hospital, as a monument to his interest in the pupil nurses; and the Toronto Graduate Nurses' Club shows his regard for the graduate nurses. In other directions, such as child welfare work and school nursing, his far-seeing vision has been of inestimable value. Others will speak during the meetings and will tell of his good deeds and pay deserved tribute to his manifold achievements, by which he will be remembered for all time to come. We, as an Association, mourn the loss of a personal friend and of a great philanthropist.

Our report would not be complete without reverting to the main thought which is in all our minds and in all our hearts—that is, our members overseas, who are doing such splendid work. Many of them have already won recognition. Many others will just have the appreciation of their own heart and conscience that they have done what they could; and that at the last day will receive the reward of "Well done, thou good and faithful servant."

Respectfully submitted.

E. G. FLAWS,
Secretary.

The following members were admitted to the Society: Smyth, Mrs. Florence, Supt. Bowmanville Hosp., Bowmanville, Ont.; Wilson, Miss Jean S., Supt. General Hospital, Moosejaw, Sask.; Kier, Miss Cora M., Child Welfare Nurse, Moosejaw, Sask.; Sanderson, R. N., Miss Sarah, Nicholas Hospital, Peterboro, Ont.; Whiting, Miss Lydia, Victoria Hospital, London, Ont.; Hall, R. N., Miss Elizabeth, Dist. Supt. Toronto Br. Victorian Order; Carswell, Miss Jean, Victoria Hospital,



London, Ont.; Danille, Miss Florence, Supt. General Hospital, Sarnia, Ont.; Martin, Miss Mary E., Supt. Nurses, Municipal Hospitals, Winnipeg, Man.; Dyke, Miss Eunice H., Director of Public Health Nursing, Toronto; Macmillan, R. N., Miss Frances, Asst. Supt. of Nurses, R. A. Hospital, Edmonton, Alta.; Farquharson, Miss, Hospital for Sick Children, Toronto; Fitzgerald, Miss, Hospital for Sick Children, Toronto; Pogue, Miss Violet L., Renfrew, Ont.; McClarty, Miss Edith A., Lethbridge, Alta.; Forde, Miss Marion, Brantford, Ont.

The resignations of the following members were accepted with regret:—Miss Mary Aid McKenzie, San Francisco, Cal.; Mrs. C. M. Bridgman, Aylmer, Ont.; Miss Violet L. Kirke, Beverly, Mass.; Sister Fafard, Edmonton, Alta.; Sister St. Christine, Misericordia Hospital, Edmonton, Alta.

The Treasurer's report, showing a credit balance of $133.89, was read by Miss Flaws and adopted.

Miss Phillips read the report of the Nominating Committee, and on her motion it was adopted:—

President.....Miss Flaws, Toronto
1st Vice-President.....Miss Johns, Winnipeg
2nd Vice-President.....Miss E. Snell, Montreal
3rd Vice-President....Miss Claudia Boskill, Kingston
Secretary.....Miss Catton, Ottawa
Treasurer.....Miss Hersey, Montreal

Councillors: Miss Gunn, Toronto; Miss Madden, Hamilton; Miss Strum, Miss Watson, Miss Smith, Miss Phillips, Miss Giffen, Montreal; Miss Green, Lachine; Miss Retallick, Miss Ellis, Toronto.

The report of the Tuberculosis Committee was read by Miss Rowan, summarizing replies received from a questionnaire sent out asking what assistance could be given to tubercular patients by the arrangement of the General Hospitals. On her motion, seconded by Miss Flaws, the report was adopted.

REPORT OF COMMITTEE ON "CARE OF THE TUBERCULOSIS PATIENTS."

At the last annual meeting, held in Montreal, the following resolution was passed:—

"That each member of the Canadian National Association of Nursing Education bring up the question stated below with their Alumnae Association and with their Board of Managers: 'How to provide nursing care for tuberculosis patients in the neighboring hospitals and sanatoriums, and what arrangements can be made to use their training school in doing so.'"

Your Committee wrote to every member of the Association and received replies from nine members only. The replies, summarized, are as follows:—

1st—That the provision for nursing care for tuberculosis patients under the present system, or lack of system, is inadequate.

2nd—That the pupil nurse would benefit greatly by having a term of training with tuberculosis patients added to the present curriculum.

3rd—That nurses, graduate and undergraduate, have an unreasonable fear of nursing these patients, which would be overcome if they were more familiar with this branch of work. A term of training would be a practical demonstra-

tion which would show the nurses that a properly conducted tuberculosis sanatorium is as free from danger to the nurses as the average general hospital.

4th—That the number of these patients is increasing, due to the men returned from overseas. For this reason alone, the question is a most urgent one.

5th—That every graduate nurse has a grave responsibility toward the public, and should be of constant service in edlcating the people along the lines of prevention. If the nurses are not educated themselves, how can they be of intelligent assistance to others? This great opportunity of public service that every nurse can render, regardless of her occupation, is entirely lost in the majority of cases.

6th—That the establishing and conducting of training schools in the tuberculosis sanatoriums is inadvisable, for the following reasons:—

(a) The length of time each pupil spends in the parent school is much longer than is necessary to become efficient in this branch of nursing;

(b) The difficulty of securing satisfactory affiliation for the pupils;

(c) The difficulty in knowing that the school to which the pupil goes, in affiliation, is really giving the course needed to give the pupil an all-round training;

(d) The difficulty of securing applicants with the required standard of education to take the training in these hospitals is also a serious drawback from the standpoint of the hospital.

7th—In some districts, the general hospitals care for the tuberculosis patients in the community. Three hospitals are already doing the work in their own way and need not be considered in this report.

The opinion of the majority of the members is, that the general hospitals should undertake the nursing in the tuberculosis sanatoriums in the community. To carry out the plan satisfactorily, it would be necessary for every general hospital to send its pupils; otherwise the hospital not affiliating with the tuberculosis hospital might be shown the preference by prospective applicants. All hospitals should be uniform in this respect.

It would also be necessary to make the course compulsory for every pupil; otherwise the broad educational value of the affiliation will be lost in the very beginning.

The length of the time of affiliation is open for discussion. The average time expressed was two months. One point which needs emphasis is that the pupils' term should be spent to the best advantage and not entirely occupied by practical work. All the necessary theory, the preparation, and administration of treatments, etc., should be taught in the tuberculosis hospital.

Your Committee has interviewed many nurses in executive positions, and all express their sympathy and willingness to adopt any plan which will meet this great national need. The question now is: How to proceed?

The following recommendations are presented for discussion:—

In view of the fact that all hospitals are under the control of the Provincial Legislatures, and also that each Province presents a different problem requiring its own local solution, this Committee recommends that each Provincial Association appoint a committee of three, the national convener to be appointed by the executive of this organization. The convener of the committee to be responsible for keeping in touch with the Provincial sub-committee and to report to the executive of the Association.

Each Provincial sub-committee to make a survey of the tuberculosis work being done in the Province, ascertaining the attitude of the board of governors of each tuberculosis hospital toward the proposed plan for the nursing care of the patients; to present the findings to the Honorable Minister in charge of the Department of the Government by which hospitals are controlled, with the recommendation that the general hospitals be approached, asking them to undertake the work. In addition, each Provincial sub-committee to communicate with the superintendent of nurses in every hospital in the Province, notifying her of the need for action, the means proposed to meet the need, and enlisting her sympathy and co-operation.

Another responsibility of the whole committee might be to launch a publicity campaign to interest the general public, and to create the public opinion, which seems so necessary before any reforms are accomplished. The Local Council of Women in each locality could be asked to co-operate.



Your Committee also recommends that each sub-committee be given power to act independently, with the approval of the national convener.

Your Committee would also urge that this work be commenced at once; a definite report of the Provincial surveys, etc., and a report of work done, to be submitted to the executive not later than September 15th, 1918.

Respectfully submitted,
MARGARET STANLEY,
GEORGINA ROWAN,
HELEN G. R. LOCKE (Convener),
Committee.

Miss Dickson read the report of the Committee on Standard Curriculum, which was accompanied by the outline of the course decided on. She moved the adoption of the report. Miss Gunn seconded the motion, which was carried, the understanding being that the curriculum would be fully discussed at a later session.

## SUGGESTED STANDARD CURRICULUM FOR TRAINING SCHOOLS FOR NURSES IN ONTARIO.

### Classification of Hospitals.

1. General hospitals.
2. Special hospitals, such as: Eye and Ear; Children's: Infants'; Lying-in; Tuberculosis; Orthopoedic; Skin and Cancer; Hospital for Contagious Diseases; Sanatoria or Hospitals for Nervous and Mental Diseases; Hospitals for Incurables.
3. Private hospitals.

### The Following General Recommendations Are Made:

1. That a probationary term of not less than three months be maintained.
2. That probationers be admitted in classes, at regular intervals.
3. That a preliminary course of study, of not less than three months' duration, be given to each class, such course to include practical demonstrations of general nursing methods.
4. That at least two weeks of the preliminary course be given before allowing pupils to assume any nursing responsibility.
5. That pupil nurses should not be called upon to give more than sixty-three hours per week to their work, including class hours and exclusive of time off duty. All time lost by illness of pupils should be made up at the end of the course.
6. That all hospitals which cannot give one of the courses hereinafter outlined, in its entirety, should seek affiliation with other hospitals in the subjects not covered by the class of patients under treatment.
7. That a vacation of at least two weeks per year be allowed all pupils.
8. That all hospitals maintaining training schools of any character, including hospitals for the insane, employ a graduate nurse as Superintendent of Nurses.
9. That no hospital should attempt to maintain a training school for nurses if it cannot meet the requirements of the two years' minimum course, or arrange affiliation with other hospitals that will provide full equivalents.
10. That training schools should not be maintained in small hospitals without at least two paid resident instructors being provided for the teaching of nurses, one of whom must necessarily be Superintendent of the hospital and Principal of the training school. That all hospitals, irrespective of size, have a graduate nurse as night supervisor. This number should be considered the absolute minimum, irrespective of the size of the school.

The following requirements must be met before membership in the Graduate Nurses' Association of Ontario is granted:

1. The Superintendent of Nurses must be a graduate nurse of a hospital of good standing.

2. The staff must include a graduate day assistant and a graduate night supervisor.

**Minimum Course of Instruction, Exclusive of Practical Nursing Demonstrations.**

Minimum time spent in practical work in different branches of training:

Medical nursing .....3 months on public ward duty.
Surgical nursing .....3 months on public ward duty.
Nursing of children.....2 months.
Obstetrics .....2 months in practical nursing, including 10 cases.
Contagious diseases .....(optional) 2 months.
Operating room work.....6 weeks.

**Nursing Course in Theory Required During Course of Training.**

1. Theory of practical nursing—72 hours.
2. Anatomy and Physiology—30 hours.
3. Materia Medica—24 hours.
4. Theory and practice of Dietetics—24 hours.
5. Medicine—10 hours.
6. Surgery, including Orthopedic—10 hours.
7. Gynaecology—4 hours.
8. Bacteriology and Urinalysis—10 hours.
9. Hygiene—10 hours.
10. Ethics—6 hours.
11. Bandaging—10 hours.
12. Obstetrics—10 hours.
13. Infectious Diseases—4 hours.
14. Nervous and Mental Diseases—2 hours.
15. Children's Diseases—6 hours.
16. Diseases of the Skin—2 hours.
17. Eye, Ear, Nose and Throat—6 hours.

**General and Special Hospitals.**

Hospitals of this class which cannot give the minimum course previously outlined, must arrange affiliation so as to complete the training of the pupil.

**Private Hospitals.**

Hospitals of this class must arrange affiliation with a general hospital for two months' medical and two months' surgical nursing in a public ward. In addition, if the hospital is unable to give the minimum course previously outlined, affiliation must be arranged to complete the training of the pupil.

NOTE.—A detailed classification of practical nursing demonstrations will be arranged by the committee for discussion.

MISS DICKSON, as Convener of the Committee on Curriculum, read the report. She said there was really no committee. She had found that questionnaires had been sent out from Alberta, and very valuable information had been obtained; that the conditions obtaining in the various provinces were almost identical; and that what seemed to be desired for this convention was some definite plan, some curriculum, as a basis for discussion. In 1915 the Ontario Association of Graduated Nurses had appointed a committee, consisting of Miss Jean Gunn, Miss Julia Stewart, and the speaker; they added the local superintendents, and drafted a curriculum to be used as a minimum standard for training schools whose alumni might be eligible for membership in this Association. The curriculum had worked out very well, and had imposed little, if any, hardship on the very small institutions throughout Ontario. The Ontario curriculum was, with the permission of the Executive, being submitted for discussion, as it was the result of a great deal of work. To this had been added a detailed schedule of lectures and demonstrations consistent with it, these to be covered in two years. They were arranged in groups, the Anatomy and Physiology being taken up concurrently, and the lectures and demonstrations in practical nursing are arranged as nearly as possible in relation to those various groups. Medicine is taken up in systems, and Medicine and Surgery are taken up concurrently; so with Obstetrics and Gynecology, and practical nursing administration as carried out in the junior year. I move the adoption of the report. Seconded by Miss Gunn. (Carried).



## THE STANDARD CURRICULUM.

(Miss E. I. Johns, Winnipeg.)

In opening the discussion on the Standard Curriculum, I will refer you to the printed slips issued by Miss Dickson, showing the suggested standard curriculum for training schools for nurses in Canada. On reading these over, I am sure you will agree with me that the standards here set forth are reasonable and just, and are most valuable as a crystalization of opinion. Hospitals in the larger centres could, and should, measure up to them. But what of the small hospitals, especially in outlying districts? What message has it for them It is this phase of the question I wish especially to emphasize this morning.

To say that one and the same curriculum is possible for the Toronto General Hospital and for Dauphin, Manitoba, is as ridiculous as to say that the little red schoolhouse on the prairie can give as wide a culture as the great university in which we stand. And yet the little red schoolhouse serves its community as faithfully and as well as the great university, and is as deserving of recognition and assistance. In the West at least, the small country hospitals are going to maintain training schools for some years to come, whether we like it or not. That being the case, it is our duty as nurse educators to see to it that the teaching done in these schools is as good as we can make it. In other words, we must frame a curriculum planned on little red schoolhouse lines; remembering all the time that through that humble door the student may enter even the great university, if she has courage and the will to learn.

To begin with, the large training schools, to whom much has been given and from whom therefore we shall require much, must see to it that instruction in the basic principles of training school administration can be obtained within their borders by women wishing to prepare themselves for teaching in small hospitals. We are asking the universities to help us to train our teachers; but the universities, with all their resources, cannot do this without the active co-operation of the large training schools.

Before we can standardize the curriculum of training schools, large or small, we have got to standardize the training of our nurse teachers.

Nursing stands today in a splendid isolation as the one vocation which does not think it necessary to train its teachers as such. We still seem imbued with the idea that we are our own teachers. A woman may be a good administrator. She may wrestle with the cook; she may subdue the night fireman with her glittering eye; and at the same time she may be, and often is, totally incapable of teaching. In a small hospital you must be an administrator first and a teacher afterwards. Unless you can look well to the ways of your household, you are no use in a small hospital; but neither are you of use in your training school unless you can teach. Now what is to be done about it?

Several good suggestions are on the printed sheet before you. It is here set down that there must be two resident instructors in every training school, one of which must be the principal of the training school. And the other? What of her? Does it not seem that the small hospital would afford a splendid practice ground for our young and budding instructors to sharpen their teeth on? It would be good for the small hospital, and most awfully good for the instructor.

Just as our young school teachers go out into the country districts for experience, just so might our young nurse instructors. It would be necessary

for the superintendents of the small hospitals to give these young women full scope along teaching lines. We should have to acknowledge that they are specialists in teaching, and treat them accordingly; but there need be no conflict of authority if both women are in earnest and are working for the common good. The trouble is, such teachers are at present unobtainable. The hospital source of supply is the large training school in affiliation with the university. Let them see to it. It is their contribution to the common cause.

There is then the question of affiliation. The small hospital can broaden its curriculum better by this means than by any other. True, it means making sacrifices; it means additional responsibility, both for the parent school and the affiliated school. But it can be done; it is being done right now.

The growing favor with which directorates regard affiliation is encouraging. How much of this arises from fear that unless they submit to affiliation they may lose their training school privileges altogether, it would be hard to say; but so long as they will listen to reason, we need not inspect their motives too closely. I would say, confidentially, that there are times when some club must be swung over the heads of our governing boards, and there is none which produces results better than the fear of losing their pupil working force. It is wonderful what concessions can be obtained from the most hardened directorate under these circumstances.

Another point worthy of emphasis seems to me to be the inspection of small training schools by a competent, sympathetic woman who has served an apprenticeship in a small hospital herself. Such a woman, going about from place to place, could forge a connecting link which would bind city and country together. She would know the teaching resources of her province; she could advise with the individual superintendents concerning affiliation: she could check up the work of the instructors, and could do more to standardize teaching than a host of printed curricula.

To sum up, then:—

(1) We need teachers in our small training schools as well as administrators;

(2) We need centres where such teachers may be trained:

(3) We need inspection of the work of these teachers after they get out in their fields;

(4) We need affiliation.

And last, we need to establish a dead-line below which the training of nurses must not sink. We have in the West some so-called training schools (not all in the country either) which should not be permitted to exist, from an educational point of view, and yet which do exist because there is a public demand for the sort of service they offer. The women they turn out are badly trained attendants for the sick. The public and the medical profession want a cheaper nursing service, and they are going to have it. If we do not train these women, some other means of training them will be found, and that soon. The small hospitals may play some part in this connection, and in discussing their teaching needs it will be necessary to keep this phase of the question in mind. Personally, I would rather graduate a well trained attendant than a half trained nurse; and if some of us here today would look our conscience straight in the eye we would acknowledge that some of the women whose diplomas we have signed as fully trained nurses hold no true claim for that honorable title.

Discussion on the Report of Committee on Standard Curriculum brought out the lack of any place in Canada at present where nurse instructors could be trained, with the expectation expressed that McGill University would introduce such a course in the near future. At present Columbia University, New York, is our only source of training. It was felt that at least three groups of hospitals should be considered in discussing Standard Curriculum—small, up to fifty beds; medium, 50 to 200; large, from 200 up. Affiliation between small and medium, or large for general subjects, and between the large hospitals and special hospitals for work in departments lacking in these. Miss Gunn proposed the theoretical training of all nurses to be done in the large hospital of a



district, then allowing them to spend a certain time in second and third years, in the smaller schools. The large institution to act as the parent school. The difficulty of arranging lectures was mentioned. It was realized that there would be a difficulty, and that less time must be spent in the wards of the parent school, so that the theory could be arranged. It was finally decided to form three groups for round tabe discussion, to be followed by a joint one, and a committee formed to present some practical scheme of helping.

Miss Rowan read the report on the Toronto Chapter, the first local Chapter organized under the revised constitution of the Association. Miss Dickson seconded the report, which was adopted. This report led to a general discussion in which emphasis was given to the need for social meetings of nurses, discussion of local questions, as well as problems relating to education of nurses. Miss Rowan moved the adoption of her report.

On motion of Miss Rowan, seconded by Miss Phillips, the following delegates were elected to the Canadian National Association: Miss Stanley, Miss Kinder, Miss Gray, Miss Giffen, Miss Winslow.

On motion of Miss Stanley, seconded by Miss Dickson, Mrs. Robinson, of Kingston, was appointed a delegate to the meeting of the National Council of Women at Brantford, next week.

The problem of the publication of "The Canadian Nurse" was discussed, and various suggestions were made, but finally a resolution was adopted on motion of Miss Gunn, seconded by Miss Kinder: "That the matter of assistance to 'The Canadian Nurse' for the coming year be left to the Executive after the National meeting."

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## AFTERNOON SESSION WITH NATIONAL ASSOCIATION OF TRAINED NURSES.

The Convention resumed at 2.30 p.m.

After singing the National Anthem, Rev. Canon Plumptree conducted devotional exercises.

Addresses of welcome to the Convention were given by Alderman Ryding, on behalf of His Worship, Mayor Church, and the City of Toronto; Colonel Primrose, President of the Academy of Medicine.

### ADDRESS OF WELCOME TO THE SEVENTH ANNUAL CONVENTION OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES AND THE CANADIAN ASSOCIATION OF NURSE EDUCATION, JUNE 4th, 1918.

**By A. Primrose, Colonel, C.A.M.C.**

I am glad to have the honour as President of the Academy of Medicine of Toronto to welcome you here today. The Canadian National Association of Trained Nurses, and the Canadian Association of Nurse Education meeting here in convention will have under discussion many problems which are intimately connected with the welfare of our Canadian people. The last quarter of a century has been remarkable for human progress in many directions, but I firmly believe that nothing has contributed more to the comfort and happi-

ness of our people than the ever increasing efficiency of the trained nurse. The course of instruction for the nurse has been progressively more and more exacting and has led to greater and still greater efficiency until today, from our various Canadian hospital schools, after a strenuous course of training, we have emerging the Graduate Nurse who is destined to perform most important service in the community. No one can speak with more exact knowledge of these facts than the physician or surgeon whose work is so intimately bound up with, and so often dependant upon the skill and ability displayed by the trained nurse. Without her co-operation the efforts of medical science to obtain curative results would often be rendered abortive. This is not only recognized by the medical profession but by the community in general, so that provision for the efficient training of nurses becomes an essential feature in the advance of modern civilization.

The evolution of the modern nurse is a fascinating historical study. It has been stated that "Nursing is as old as the human species," but nursing as a distinct profession is wholly a thing of modern development. Mrs. Fry, who was at the head of the Protestant Nursing Sisters in London in 1840, is spoken of as the founder of nursing. She was the head of the first nursing institute. In the middle ages and at an earlier date nursing was done as part of a religious duty solely by the members of religious communities. The remarkable advances which were made in scientific medicine about the middle of last century demanded something more than the crude material which alone was available among the nursing class. It was about this time that Charles Dickens wrote his graphic picture of the nurse of his time. We are all familiar with the characters of "Sairey Gamp" and "Betsy Prigg." These were mere time servers, and exercised few of the qualities of kindness and sympathy in dealing with the sick which are characteristic of the nurse of today. "She put soap in my mouth," said the unfortunate patient, feebly. "Couldn't you keep it shut, then?" retorted Mrs. Prigg. "Who do you think's to wash one feater and miss another, and wear one's eyes out with all manner of fine work of that description for half-a-crown a day? If you want to be tittivated you must pay accordin'." The patient was kept in holy terror of his nurse, who ruled him with a rod of iron. Dickens' writings awakened a public remonstrance and created such a universal sentiment of resentment that a new order of things was soon ushered in; thus we find that Florence Nightingale, with a band of trained nurses, was sent out with great enthusiasm to tend the sick and dying and minister to the sufferings of the soldiers and sailors during the Russian war. When this band of workers reached the Crimea there were 2,300 patients in the hospital at Scutari. The beds were, it is said, "Foul with every kind of vileness." "The mattresses were strewn two deep in the corridors, the wards were rank with fever and cholera and the odor of undressed wounds." "The army of sick and dying was increased after Inkerman to 5,000." What a field for active work, and if you ask for a record of the result you find it stated in cold statistics, after the advent of these trained nurses the death-rate was reduced from 42 to 2 per cent.

It was in the early sixties that an imperative demand was made for better nursing. This first of all arose from the fact that the public insisted on something better than the "Sairey Gamp" type. A second factor in this demand was the necessity for training, recognized as essential from the standpoint of the nurse herself, but perhaps the most powerful factor in creating a demand for a thoroughly trained and skilful nurse came from the medical profession, and skilled nursing became a necessary feature in the modern advance of scientific medicine. In England, the first school of training for nurses seems to have been that formed in connection with St. Thomas' Hospital. This was known as the "Nightingale School of Training," and was founded as a national act of gratitude for the services rendered by the woman who had saved the lives of so many British soldiers and sailors. In 1862 University College Hospital was placed in charge of the "Community of All Saints." In America, reform was instituted in the nursing of the sick in hospital some years later. Thus the Bellevue Training School for Nurses in the Bellevue Hospital, New York, was established in 1873, and other schools soon followed.

Today there is a very special interest taken in the part played by nurses in War. Since the advent of Florence Nightingale and her staff of trained nurses at the Crimea, we have seen the more modern successors of that noble band doing duty in South Africa. Sir Frederick Treves paid a fine tribute to their work and endurance and the splendid service rendered by them after the battle of Colenso. "Better nurses," he writes, "and more devoted women I have never met." Today we are all proud of the record made by our Canadian nurses in the terrible war which is at this moment raging



with such fierce intensity in Europe. I can here speak from personal knowledge of the facts, having seen much of their work in Salonika, in England and in France. One can hardly over-estimate the value of their skill and devotion to our sick and wounded soldiers. Within the last few days we have read with horror of the bombing of hospitals in France by our cruel and barbarous enemy. Not a few of our devoted Canadian nurses have on such occasions made the supreme sacrifice and are ranked among our heroic dead who have been "Killed in Action." Let us pay tribute to those noble women who have gone so willingly to the post of danger and have given up their lives while engaged in ministering to the wounded on the battlefield. Such splendid devotion and sacrifice has never been excelled.

One might refer to the conditions at Salonika, where in a tent hospital on the Macedonian plain we were frequently exposed to air raids carried out by the enemy. Our nursing sisters were required to go under ground into "Dug-outs" when the enemy was oyerhead. They were always cheerful and brave in the face of danger and were only resentful because the military discipline of the unit demanded their seeking safety in what was really a very inadequate shelter.

That their services were appreciated by the Tommies was illustrated on Xmas Day, 1915, when, as a decoration in one of the ward tents, the following sentiments appeared in letters made of cotton wool mounted on a red blanket:

"May the angels above
And the Devil below
Protect the Canadian Nurses
Wherever they go."

The expression of appreciation was very genuine on the part of the Tommies. Their good wishes for the future welfare of the nurses seemed to provide for every possible contingency.

During most inclement winter weather and later in the extreme heat of summer, when infectious disease was rife, our nurses at Salonika continued to do splendid work, first, for 8 months in our tent hospital, and later in the wooden huts with which we were afterwards provided. In England and France the same devotion to duty was shown. The army of trained nurses is doing magnificent service in the present war. They supply what is recognized as a most essential part of our army organization and no branch of the service is doing more efficient work.

We must remember, too, that trained nurses are doing most necessary and excellent service in the war hospitals at home. With the nurses, as with the medical profession, the care of the returned soldier suffering from sickness or wounds will become an increasingly difficult problem as time goes on and the number of our returned men increases.

Our trained nurses are rendering splendid service to the community at large; they are doing work of untold benefit to our suffering fellow citizens in the present war. For these reasons we welcome them in convention in this city, and we trust their deliberations will prove of great value in helping to solve many of the difficult problems which confront them in their beneficent work.

## ADDRESS OF WELCOME.

Miss M. A. Snively, formerly Superintendent of Nurses, Toronto General Hospital.

Madam President and Members of the "Canadian Association of Nurse Education," and also those of the "Canadian National Association of Trained Nurses"—Greeting:

I trust I may be able to convey to you the very great pleasure I experience in being once more permitted to stand before these two great Associations of Canadian Nurses, and to extend to you a welcome, not only to our city, but to our hospitals, to our homes, and to our hearts.

In your visit to Toronto at this time we regret that you will miss the greeting of one who in the past never failed to welcome any convention or delegation of nurses and extend to them the most generous hospitality. The late John Ross Robertson, one of Toronto's greatest citizens, was the honored friend and benefactor of the nursing profession. His memory will ever be revered.

As many of you doubtless know, the first Association of Nurses on this Continent was organized at the World's Fair in the City of Chicago in the

year 1893, exactly twenty-five years ago. Great changes have been wrought during that quarter of a century! Changes, let me remind you, resulting largely because of that Association.

That you therefore may realize your responsibilities and obligations to future generations of nurses, I venture to remind you that among other things the present admirable system of nurse training which obtains in all of our more advanced schools today had its beginnings in the deliberations, discussions, and councils of that first great Association of Trained Nurses.

The message is unmistakable: "God doth with us as men with torches do, not light them for themselves." In the words, therefore, of our late honored Florence Nightingale, when bidding farewell to a nurse friend of my own, then at the head of a large training school in New York, I now repeat to you: "Into the future open a better way."

We rejoice that year by year progress is being made. Your Associations have enlarged their sphere of influence and usefulness by admitting to membership nurses engaged in all branches of nursing and public service. You have purchased and continue to publish your own magazine, "The Canadian Nurse and Hospital Review," and you have crossed the seas, and by joining the International Society you have clasped hands not only with sister organizations in Great Britain and Ireland, but also with those of Germany, Finland, Holland, Denmark, Australia, New Zealand, India, and Japan.

You have also honorable and noble traditions of which you are the inheritors. In the year 1909, you were permitted by His late Majesty, King Edward VII, to visit the Mausoleum at Frogmore, and place a wreath on the tomb of Her Majesty, the late Queen Victoria, a privilege which had been denied many organizations, and never before or since granted to any other Association of Nurses.

The address delivered on that memorable occasion, as many of you will remember, was illuminated and forwarded to His Majesty, King Edward, and acknowledged through His Majesty's then Private Secretary, the late Lord Knollys. This will doubtless be preserved, with similar records, as part of the annals of that period of English history.

But greater than any of these, you have been privileged to take an active and important part in the Service of our Country, our King, and our Empire during the last four years of struggle, peril and agony. Let me read a paragraph from The Scotsman:

"There are three doors always open in a hospital—and through them in the desolate lands the stream flows ceaselessly. The first leads to Blighty, and through it the soldiers pass with faces transfigured. At the end of that road there is the welcome of love, and the shoutings of those that rejoice. The second door leads back to the trenches and the mud-filled craters, and through it the men pass with grim faces. They know what it means, and those who go to torture cannot be expected to laugh. The third door leads to eternity, and through it men pass, oft unconsciously, oft thankfully, but never rebelliously. But whatever the door, there the Sister stands, ministering to the last, and waving farewell. If there is ever a smile on her lips, there is a sob in her heart. She says farewell every day, and the farewell is, almost always, forever. . . . .

When the door of the ward swung open, and the Sister came in and smiled, it was as when a fresh breeze suddenly arises on a stifling day, bringing healing on its wings. For she radiated vitality. The pain-worn saw her come, and basked a moment in her smile, and felt that life was good and worth fighting for. That was the miracle the Sister wrought every morning. A wave of new life went up the ward at the moving of her feet, and jaded hearts felt the breath of spring."

The things the Sister did were sometimes small, so small that one wondered at the great effect. But one ceased to wonder at small things yielding so great a harvest when one realized that it was not the things she did, but the spirit, of which these things were but the expression that wrought the healing and comfort. And that spirit was the spirit of a love that never grew weary, and never failed. The fountains of that love are ever full to overflowing, for the showers that fill them are from above.

But the nurse, as well as the soldier, is often called upon to lay down her life, and already there have been 350 who have made this great sacrifice. "Greater love hath no man than this—that a man lay down his life."

To the question asked recently, "What keeps a man together under fire?" the reply was given: "The fact of what he is;" "The regiment he belongs to;"



"He is touched with the glow of idealism, which is above all War."

And this is the spirit which has ever actuated all true nurses—Florence Nightingale, Edith Cavell, the Sister of whom I have just read, and hundreds of others who have glorified our profession. "To you from falling hands they throw the torch; be yours to hold it high."

"God gives each man one life, like a lamp, then gives that lamp due measure of oil. Lamp lighted, hold high, wave wide, its comfort for others to share."

What makes Britain great? Her men and women. Why were they great? Because they served. Our great Example, we are told, came into this world "not to be ministered unto, but to minister."

And this is peculiarly the high calling of the nurse, and it is the privilege of each and every one to be a living exposition of this ideal.

All are needed. "Look out of the window this afternoon, and you will see God's glory expressed through the harmony of variety. There are grass and trees and birds and flowers and sky. Everything blends, nothing is out of place. And so it is in the grander sphere of human life. The glory of humanity is born of the glory of the individual, each making his own contribution. And thus we have need of one another. Every note in the organ is needed for the full expression of noble harmony. Every instrument in the orchestra is required unless the music is to be lame and broken. God has endowed no two souls alike, and every soul is needed to make the music of the realm of the blest."

And so, once more, I bid you welcome to the hospitality of our City, enjoy yourselves, and profit by the Councils of this Convention, and then back to your respective fields of endeavor and usefulness carry this thought:

"The world may still have its ambitions; its great ones will still exercise lordship and authority, but, **'So shall it not be among you,** but whosoever will be great among you, shall be your minister, and whoever of you will be the chiefest shall be the servant of all.'" (Mark 10:43, 44,) (Applause.)

Response to the foregoing addresses was given, on behalf of the Convention, by Miss Stanley, of Victoria Hospital, London.

MISS STANLEY gave the response to the address of welcome. She said: "It is a great privilege to respond to the address of welcome from the citizens, the medical profession and the Graduate Nurses of Toronto. I am sorry I have missed fire, as the other men have gone; but the doctor and the nurse stay, and on whose shoulders can I better lay our thanks than with them? We know Miss Snively, and we hope for the doctor. We knew that we would be inspired by the visit to Toronto, the city of great achievements, and we thank you for your interest in the development of our work. Your social service work in Toronto is of great benefit, as we look to that organization for progress in every city in Ontario, and I might say, in every city in the Dominion. The field is opening up, and we are encouraged by the recognition of that department by the University of Toronto to hope for a chair of Nursing to be established in Canada as in other countries. Our nurses are being called upon to fill very important positions where higher education is a qualification, and our hospitals are not prepared to meet that need, or our nurses are not prepared to accept it; but we have nurses among us who are ambitious, and whose early education would qualify them for university work. Our Government having recognized women by granting them the franchise, we trust that in the near future they will recognize the nurses of Canada by granting them their full registration along educational lines, recognizing our schools as schools of learning, and helping in the future to make good what might not otherwise be a disaster, in sickness and in health, for the homes and for the nation. On behalf of the Graduate Nurses of Canada, I thank you. (Applause.)

Miss Kelly read her paper on "The Relation of Maternity Hospital to Child Welfare."

Miss Goodhue read Miss O'Reiley's paper on "The Administration of Caloric Diets in Diabetis Molitus.

The President called for further nominations from the floor. The following nominations were made:—

1st Vice-President.....Miss Randal
Secretary.....Miss Dickson

Councillors:

Misses Stanley, Johns, Winslow, Fairley, Wilson, Ellis, Rowland, Gray.

Dr. Alan Brown read a paper on "The Problem of the Rural Mother in Feeding Her Children."

Meeting closed at 4.30 p.m.

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## EVENING SESSION.

The evening session opened at 8.30, the President in the chair.

Miss Agatha Hodgins, Chief Anaesthetist of Lakeside Hospital, Cleveland, Ohio, gave a most helpful paper on "The Work of the Nurse Anaesthetist." An interesting discussion followed, in which Doctors Cotton, Hannah and Hanley took part.

Miss Farquharson, Instructor, Hospital for Sick Children, Toronto, gave an interesting paper on the "Problems of Teaching."

Miss Gunn, Miss Catton, Miss Stanley, Mrs. Hannington and Dr. Hannah took part in the discussion.

A very instructive paper was contributed by Miss Isabel Stewart, Teacher's College, Columbia University, on "How We can Help to Improve Our Teaching in Our Nursing Schools."

A hearty vote of thanks was tendered those who contributed the papers of the evening.

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## WEDNESDAY, JUNE 5th.

The Convention opened at 10 a.m.

Miss Johns, of Winnipeg, read a paper on the "Standard Curriculum for Hospitals."

Miss Gunn moved that Miss Fairley be appointed Treasurer pro tem. Carried.

On motion of Miss Gunn, seconded by Miss Potts, the Resolutions Committee was instructed to prepare a resolution to be submitted to the various provincial authorities, asking that the duties of anaesthetist be allotted to trained nurses, who are ready to take up this work in view of the shortage of medical men, on account of the war, and also of the indefinite period that is now being spent in hospitals by interns. Carried.

Miss Martin then took charge of the round-table for the discussion of tuberculosis.

Meeting adjourned at noon.



## AFTERNOON SESSION.

The meeting was opened at 2.30, the President in the chair.

Miss Deans, Member of the National Committee of the American Red Cross Service, read a paper on the "Development of the American Red Cross Nursing Service."

Dr. Charles Copp followed with an address on "The Work of the St. John's Ambulance Corps."

An interesting discussion ensued.

Dr. Copp was asked for the outline of the plan suggested to the Government by the St. John's Ambulance Association in regard to our Home Military Hospitals, and replied that it covered all the work to be done in the hospitals, housework, office, or clerical work, and nursing under the Military Nursing Sisters. All this work would be voluntary work by those signing up for a certain time to be under the St. John's Ambulance Corps. He said that 240 V.A.C.'s had been sent overseas, going as available hospital probationers. They, on arrival in England, may be assigned for other duties, secretarial work, ambulance driving, as chauffeurs, etc. It was brought out in the discussion that the great trouble in Canada had been that neither the St. John's Ambulance Association nor the Red Cross recognized the nursing profession by putting them on their Executive Committes, as is done by the American Red Cross, and the War Council in Washington.

THE PRESIDENT: It is not very often that in one Convention we hear different methods from two different countries practically along the same line. We have had Miss Dean's excellent plan, and the working out of that plan in the United States, and also Dr. Copp's idea on the St. John's Ambulance work. They are all matters in which we are very much interested. The one lamentable feature which I felt in connection with Dr. Copp's remark was that in forming the War Council in Canada the nurses had been absolutely ignored. I want to correct the impression that it was due to the fault of the nurses themselves. I can speak for the Nurses' Association, that within two or three days of the declaration of war an offer to help, with a plan of looking after and providing for the nurses to go overseas, was put in the hands of the Government; so it was not due to any laxity on our part that we were not any recognized part of that War Council.

Miss Johns moved as follows:—

Madam President:

On behalf of the Canadian National Association of Trained Nurses, I wish to bring the following resolution before the Canadian Association of Nursing Education:

RESOLVED: That since the Canadian Association of Trained Nurses is affiliated with the National Council of Women, and is represented on the executive of that body, that the existing special committee on Nursing is unnecessary and should be discontinued.

Seconded by Miss Mathieson. Carried.

Miss Gunn said she had learned from Mrs. Plumtree that the cards received by the Registration Board might be available to such an Association as ours for selecting names of promising young women who might take training as nurses. She moved that the matter of appointing a committee for this purpose be left to the Executive Committee so that the registration cards will be utilized as far as possible.

Miss Rowan seconded the motion. Carried.

Miss Dyke and Miss Trench were appointed as tellers, and the election of officers proceeded, resulting as follows:

President—Miss Flaws.

First Vice-President—Miss Randal.

Second Vice-President—Miss Snell.

Third Vice-President—Miss Boskill.

Secretary—Miss Dickson.

Treasurer—Miss Hersey.

Councillors—Misses Dunn, Johns, Gray, Fairley, Stanley, Phillips, Winslow, Madden, Ellis.

The meeting adjourned at 6 p.m., until Friday at 8 p.m. for joint session with the National Association.

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## FRIDAY EVENING, JUNE 7, 8 P.M.

## JOINT SESSION WITH THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES

The meeting was opened at 8 p.m., Miss Randal, the President, in the chair.

The President introduced Miss Nutting, Professor Department of Nursing and Health, Teachers' College, Columbia University, New York City, who reviewed the operations of the Nursing Profession in the United States in relation to the war. She gave a list of American universities that were co-operating with the nurses in connection with teaching. She hoped that the educational opportunities that were now given to nurses in the United States universities would be open to nurses in Canada through the great universities here.

Dr. Helen MacMurchy followed with a most illuminating paper on "The Possibilities of Using the Canadian Universities for Nurse Education." Miss Johns opened the discussion in a very clever and delightful manner. A standing vote of thanks was given to Miss Nutting and Dr. MacMurchy for their very valuable contributions to our evening's session.

The meeting then adjourned.



## SATURDAY, JUNE 8th.

Session opened at 9 a.m., with Miss Randal in the chair.

Mention was made by the President of the serious accident which had happened to Miss Stanley that morning, and much sympathy was expressed for her.

Miss Flaws, Secretary, read the minutes of the Wednesday afternoon meeting.

Miss Fairley read the report of the Resolutions Committee.

The Resolutions Committee endorsed Miss Gunn's resolution in regard to the introduction of Nurse Anaesthetists, and also recommended that a joint committee with the Canadian National Association of Trained Nurses be formed to arrange details.

Also endorsed Miss Gunn's recommendation for the use of registration cards and recommended the adoption of a joint committee.

Also expressions of thanks to be sent to the following:—

Alumnae Associations of Toronto Hospitals.
Trustees, Wellesley Hospital.
Trustees, Toronto General Hospital.
Sir Adam Beck.
Sir John and Lady Eaton.
Graduate Nurses' Association of Ontario.
Mother Superior, St. Michael's Hospital.
Central Registry of Graduate Nurses, Toronto.
Dr. McKay, Principal, Technical School.
Lieut.-Col. Wilson, O.C., Hart House.
Lieut.-Col. Smith, O.C., Davisville Military Orthopedic Hospital.
Rev. Canon Plumtree.
Governors, University of Toronto.
His Worship, the Mayor of Toronto.
Alderman Ryding.
Park Commissioner, Mr. Chambers—Flowers.
The Press.

Miss Dickson expressed appreciation for the work of the Committee on Tuberculosis, and moved the following resolution:—

"WHEREAS, there are now and there will be for some time to come, many soldiers returning from overseas service suffering from tuberculosis, and

Whereas, there is an existing great need for more nurses with special instruction and experience in the care of such tuberculosis patients; BE IT RESOLVED, that the Canadian Association of Nursing Education assist in securing for the pupils in Canadian Training Schools at least a two months' intensive course of instruction and practice in neighboring sanatoria and hospitals for tuberculosis."

Miss Randal introduced the new President, Miss Flaws, who briefly acknowledged the honour.

Miss Gunn moved a hearty vote of thanks to Miss Randal for her services as President during the past three years, and as Editor of *The Canadian Nurse*.. This resolution was carried with applause and by a standing vote.

The meeting adjourned.

The pleasure of the delegates was looked after in the following manner:—

Tuesday, June 4th.—1 p.m., luncheon, guests of the Hospital Alumnae Associations of Toronto; 5 p.m., tea at Wellesley Hospital.

Wednesday, June 5th—6 p.m., high tea, Hydro-Electric Commission, University avenue, guests of Sir Adam Beck; 8 p.m., reception, Toronto General Hospital.

Thursday, June 6th—1 p.m., luncheon, guests of Sir John and Lady Eaton at "Ardwold, motor ride by Central Registry of Graduate Nurses, Toronto.

Friday, June 7th—1:30 p.m., luncheon in East Hall, University of Toronto, guests of Graduate Nurses' Association of Ontario; 2:30 p.m., drive to Davisville Orthopedic Military Hospital and principal parts of city, guests of St. Michael's Hospital.

Following the Convention held in Toronto, June 5th and 6th, a special meeting of the Executive of the Canadian Association of Nurse Education was held, at which the Convenors of Committees were appointed as follows:—

Miss Martin, King Edward Hospital, Winnipeg, Convener of Programme Committee; Miss Elizabeth Hall, Victorian Order, Toronto, Convener of Nominating Committee, with Miss McMillan, Edmonton; Miss Wilson, Moose Jaw; Miss Lyman, Ottawa; Miss Rowan, Toronto. as Committee.

Miss Gray, Winnipeg, was appointed Convener of a Committee to work in conjunction with the C.N.A. of T.N. in an endeavor to obtain information from National Registration cards which might be helpful in reaching possible candidates for Training Schools.

Miss E. MacP. Dickson, Toronto, was appointed Convener of a National Committee to deal with the matter of securing for nurses in General Hospitals an intensive two months' course of instruction in the control of tuberculosis and practice in the modern care and treatment of such patients.



## The Work of the Nurse Anaesthetist

By Miss Agatha Hodgson
Chief Anaesthetist of Lakeside Hospital, Cleveland, Ohio.

The subject of the Nurse Anaesthetist is one which for a considerable period of time has passed unnoticed by the Nursing Profession, and, as far as the work done by her, has received practically no recognition except perhaps the more or less silent approval of the Surgeons or Hospitals employing her.

In spite of this seeming indifference and, in many cases, absurd opposition, the Nurse Anaesthetist has silently, without help from any organization, taken a place in many large and small clinics, which, if a consensus of opinions gathered from these clinics means anything, they would be loathe to change.

It would seem that at this time when all work is at par value, and the grim necessity of war is forcing us to use every available trained worker, both here and abroad, and Hospitals are being depleted of their medical staff to meet the more urgent needs of the Army—that it would be a source of mental comfort to those concerned in Hospital work to know that the Graduate Nurse Anaesthetist has proven capable and efficient in this most important and responsible field of endeavor.

The factor that probably leads to the employment of the Graduate Nurse as an Anaesthetist was in the first place a desire for greater permanency in the Anaesthetic Staff of some of the larger clinics. The argument given was that, in order to secure this, the person selected must not be interested in anything but the business in hand, their one object being that of acquiring skill in this particular work.

The system of medical interns, who served 3-6 months at the anaesthetic sentence and were then released to pursue what many of them considered more important and interesting work, was not always conductive to the stability so necessary in this department.

If the system of interns had been universally satisfactory, there would have been no reason to change this routine.

The fact that many of the large and small clinics in U. S. have put nurses in charge of thier anaesthetic would point, I think, to the fact that however excellent the work of the individual interns, the necessary changing of Anaesthetists involved in this system had failed to secure for this important work the efficiency so essential to the safety of the patient.

The increasing number of Hospitals employing Nurse Anaesthetists might also be interpreted by the unprejudiced mind to indicate that the Nurses had made good in the field.

The objection has been made that the Graduate Nurse has not sufficient medical knowledge to take up this work. A point here that is apparently overlooked is that Nurses originally trained in this work were

most of them selected and instructed by Doctors. I cannot personally imagine a Doctor not seeing that this instruction was sufficient to secure at least the safety of the patient. As a matter of fact, a nurse graduating from an Hospital of good standing is sufficiently instructed in the theory of physiology and anatomy to grasp, with further teaching, the phenomena of anaesthesia. In addition to this, her clinical experience of three years, including her O. R. training, is in inself a valuable educational factor for this work.

It occurs to one at this time that Dentists, who are legally entitled to give anaesthetics, have not had such opportunities for clinical study—their field being usually limited to people in good health, and only a proper sense of gratitude for the Dentists' efforts in their behalf, lacking.

The legality of the work. This bugaboo has been the dark shadow obscuring the vision of many in regard to the real value and important place the Graduate Nurse, properly trained to administer Anaesthetics, should occupy. Fortunately, we are not operating under the inexorable laws of the Medes and Persians; we are, on the contrary, living in a world where old methods, ideas, and even laws must be reconstructed to meet the appalling need of the times. Two of our greatest outstanding problems to-day are, the care of our wounded in the most efficient way and the conservation of our man-power for the work that cannot be done by our women. It is no longer a question as to whether or not a certain body of men object to the system of Graduate Nurse Anaesthetists—it is a question of what is the wisest and best solution of the anaesthetic problem in our Hospitals.

The proof of the pudding, as the old proverb says, is in the eating, and with this in view I wrote to many clinics, where I knew Nurses were in charge of the Anaesthetics, asking the opinion of the surgeons as regards the work done by these women. The opinions given were unanimously favorable, in many cases enthusiastic. There seemed to be no longing after the old days of the interns. The Mayo clinic has a record of 100,000 anaesthetics to the credit of their Nurse Anaesthetics.

I have a list of over sixty Surgeons and Hospitals—and am still gathering data—where the Graduate Nurse is in charge of the anaesthetic department. These are all Hospitals of the best standing.

There is a group of Doctors who believe, and I think sincerely, that anaesthetics should be given by "Specialist"—their definition being doctors who devote their time to anaesthetics alone. Anaesthetic specialists of the description are not very numerous considering the magnitude of the work to be done in the daily routine of a surgical clinic. Then, too, they are often at one Hospital when they are badly needed at another. Such men must necessarily be paid for their services in each individual case—although we all know the large amount of charitable work done by Doctors—even with this included, there remains a large number of cases which must be taken care of by the resident anaesthetist,



trained or untrained. These cases are often those requiring the skill of a specialist.

The question comes in here of what constitutes a specialist. It is not my intention or desire to detract from the work done in anaesthesia by the men who have devoted their time to it—on the contrary I am most profoundly grateful for and appreciative of the help I have received from some of them. I am only hoping that the Nurse anaesthetist in the future may, under the warm sun of appreciation, add her contribution. It would seem to my perhaps prejudiced mind that a Nurse in charge of the Anaesthetic work of a large surgical clinic, taking daily the responsibility of seeing that all cases are carried through safely and smoothly—endeavoring to meet the needs of the different surgeons, and usually doing it—because if she didn't she would not long be there—bringing to that work the judgment and decision gained through years of hard work and study—might be considered a specialist with a large capital "S."

There are those among us—and the idea had prevailed for too many years—who think that anyone can give anaesthetics. There are also a number of people who departed this world—usually rather hastily—because of this delusion of mind and careless attitude towards an important and serious work. It is obviously impossible that anaesthetics can be given either by instinct or natural ability, although we are always glad to have our students start in with this mental equipment. I am personally just as much afraid of a born anaesthetist, without training, as I am of a born nurse. In fact, if you don't mind, I'll take my chances of surviving under the care of the born nurse.

The making of an Anaesthetist involves the hardest kind of training. I am not familiar with the requirements of other Anaesthetic clinics, but in our clinic at Lakeside Hospital it is required that the student be a Graduate Nurse and an R. N. They must also have acquired their ether training before coming to us. The duration of the course in nitrous oxide oxygen is six months and covers the Anaesthetic work in all departments of a general surgical clinic, including the out-patient. This work is done under supervision and instruction, until the students give proof that they have acquired that careful judgment and appreciation of the phenomena of respiration and circulation under anaesthesia so necessary to good and safe work. They must also show ability and skill in recognizing and adjusting the major and minor anaesthetic complication, which may arise in a given case. In fact, they are promoted gradually from the easy to the hardest and most difficult cases our clinic affords.

This means on their part hard work, study and absolute concentration and a serious sense of responsibility. You can train an Anaesthetist on no other plan. Carelessness is with us the unpardonable sin.

The fact that nitrous oxide oxygen is the Anaesthetic of choice in our clinic means the use and care of the different gas machines, tanks and pressure gauges. You cannot work either satisfactorily or safely

with badly-taken-care-of equipment. We have an established routine which is carefully adhered to. We like to feel that students trained in our clinic can be sent to their destined work with the knowledge that, although they sometimes fall short—as we all do of our best endeavors—they will establish their work on a good and safe basis.

This is just exactly what they have done. We are hearing all the time splendid reports of the work done by our "Graduate Nurse Anaesthetists" that we cannot help feeling that they surely have made good.

We have in France now four Anaesthetists, three of whom are nurses, and all having been trained in Nitrous Oxide anaesthesia in the clinic at Lakeside. There is arranged for through Major Crile another group of ten, six of the number nurses trained by our clinic, who expect to go over to France very shortly, for the purpose of teaching gas anaesthesia abroad. I know the work of each one of the ten, and feel sure that they will establish the work and carry on the teaching in a way that will make us still prouder of our anaesthetic clinic.

The best argument I know for the case of the Nurse Anaesthetist, is the good work of those doing it. The subject, after all, resolves itself into its simplest and most convincing form by the quality of the work done by the individual.

To me it is not so much the question of man or woman, Doctor or Nurse, but a question of the willingness of the individual to give the years of endeavor necessary to acquire skill and judgment so essential to good work. There can be no question of divided allegiance—at least, not for the person in charge of an anaesthetic clinic. They must have their eye on the game all the time. Why, the study of gas machines now in use would keep a person occupied for some time. They are getting to be almost as numerous as automobiles, and, alas! many of them have just the same peculiarities. I know, because I've spent the last four months investigating them. However—although no one but the makers think they are perfect—still it is a hopeful thing that they are all improving. After a while we will get a real machine, perhaps one that will even talk the patient asleep.

People coming to our clinic are apt to say, "but you work under such ideal conditions;" I always agree, but feel much tempted to say "but we didn't start with ideal conditions," and back in my own mind I can see my first introduction to gas anaesthesia. An old machine, operated by one of our Dental experts; the moisture standing on his brow and every evidence of severe mental strain. The patient cyanosed to the point of blackness, and working for his life as only a human being can work when put to it under anaesthesia of this type. I, a small and anxious person looking on, supposed to be absorbing technique, but wondering if I ever could get up enough nerve to attempt any such formidable and dangerous task. I decided I couldn't—not that way—and told Major Crile so. I suppose Major Crile decided that it would be about as hard on his nervous system as it would be on mine, so the



problem was approached on a different angle; we started gas anaesthesia on dogs, and came back to humans. The happy day arrived when we could keep them asleep, pink and breathing, with the comfort of safe anaesthesia. Major Crile was a very patient, long-suffering mortal about it—but, believe me, I was a Christian martyr. No one ever suffered more for religious convictions than I did for gas anæsthesia.

The work has been progressing steadily, and we are now convinced that, although much remains to be done, we have our gas anaesthesia on a safe and workable basis.

We are at present putting through in the laboratory some work that will, we feel sure, put N2Oxo. within the reach of all as regards expense—with resultant better anaesthesia. This was worked out by Dr. Pearce, our research man that brought it to the clinic for trying out. We were convinced of its feasibility, and it is now back in the hands of the laboratory men being perfected. It will then be tried out thoroughly —but, of course, no conclusions arrived at until we have tested it on a large series of cases.

It is possible that Canada may see the light, and give to the Nurse Anaesthetist the place we believe she should occupy. If this comes—I want to say to those among you who may organize this system in your Hospitals, *see* to it that the work is put in safe hands and the Nurse properly trained before starting in. The person put in charge—one having experience and judgment—and best of all vision. It is a big work and must be approached in a big way. As your reward you will have the smooth running and the assurance of good work that comes with a well-trained, permanent staff. The pride also of being able to send from your clinic those licensed to establish elsewhere good and satisfactory work.

To those taking up this work, I would say be very sure you want to do it before starting in. But, if you do start in, *stick*—and, while you are sticking to a hard game, *think*. There is rarely a problem that cannot be solved by thinking hard enough about it, and, when you know what you want, being big enough to ask help of others, prefer only those who know more than you do yourself. In this way I personally could command quite an army of advisers.

We can't promise you an easy time. It's hard work, most responsible and nerve straining, until you reach the calm waters of assurance—even then you have occasional squalls that keep you guessing; but it is the *most necessary, most useful work* in the world. You come bearing in your hands the greatest boon ever given to the suffering human family in the hour of their great necessity—that blessed oblivion to pain, which we call "Anæsthesia."—*Read at the C.A.N.E. Convention, Toronto, June,* 1918.

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Purchase not friends by gifts; when you cease to give, such will cease to love.—THOMAS FULLER.

# Problems of An Instructor

By Miss Jessie Y. Farquharson.
Instructor of Nurses, Hospital for Sick Children, Toronto.

The problems of an Instructor of Nurses are many and interesting. There are always new ones to solve; each seems filled with a vital interest. The Instructor's life is never one of monotony. Her field is broadening every day. We find her now teaching and demonstrating in the Sciences, Anatomy and Physiology, Bacteriology, Chemistry, Materia Medica, Hygiene and Sanitation, as well as in the many and varied branches of nursing.

The Instructor must possess a sound knowledge of the subjects she teaches; she must have a good general knowledge of the nursing field so that she may co-relate new work with the pupil's experience, and dove-tail together the various sciences, thus making the pupil's knowledge more practical. She should be well informed on present day problems, and, if she is to give her pupils an inspiration to ever look forward to the advancement of their profession, she must keep closely in touch with nursing and social problems.

Enthusiasm, love of nursing, and a personal interest in the pupils, will carry one over many rough places. The Instructor must choose wisely incentives to lead her pupils on. It is her task, not only to impart knowledge, but to foster the true spirit of the nurse, and to aid in developing faculties and capacities in the pupils—her judgment, executive ability, powers of observation, adaptability, tact, decision, resourcefulness, skill and deftness.

How best to plan the course of studies is one of the most important problems encountered by the Instructor. With an ever broadening field open to the nursing profession, it is of greatest importance that the pupil gain a sound basis of knowledge. The fundamental sciences and elementary nursing procedures come in the preliminary course; medical and surgical instruction follow this closely. During the second year, the special branches are given, and in the third year, some of the social problems confronting nurses, emergency work, and demonstrations and talks on nursing, gathering together the work of the preceding years.

The preliminary course is probably the most important on the curriculum. It varies greatly in different Training Schools. Its nature depends upon such factors as the group of probationers, the length and type of the course, the number of hours available for teaching, and the field to be covered.

Let us consider the group of pupils entering the School. We find them coming from various environments, prompted by various motives, and with varied educational qualifications. A number may have had four years at High School, wisely choosing for electives such subjects as Chemistry, Biology, Physics and Latin; others have had as long



a period at High School, but have chosen electives of less value in nursing. This difficulty encountered by students in choosing the most helpful High School course might to a certain extent be overcome by co-operating with the High School teachers, and by talks with the pupils along the lines of vocational guidance. It would be an advantage if all our pupils entered the Training School with a knowledge of Chemistry. To learn what background each pupil has had, pupils, on admission, may be asked to fill out cards, stating what sciences have been studied, the number of hours devoted to each, naming School or College where the instruction was received.

The Requirements and Curriculum for Schools of Nursing, published by The California State Board of Health, gives the educational requirements of an applicant, as follows: "After September 1, 1918, for admission to an accredited School for Nurses, applicants must present evidence of having completed a four-year course in a standard accredited High School, or other institution of standard secondary grade. There must be included in the four-year High School course: English, four years; Chemistry, one year; Household Arts and Home Sanitation, two years; Biology, one year.

It is further recommended that students contemplating entering Schools for Nurses, should, when possible, in addition to the above prerequisites, take Physics for one year; Sociology, one year, and one foreign language.

In some Training Schools the pupil's time during the preliminary course is spent mainly in Class, Laboratory and Demonstration rooms, but in the great majority of Schools the part time method is adopted. The schedule for this will vary in different schools; some, however, plan a four months' course, as follows: Three to four hours daily is spent on the wards; an average of three hours in class rooms; two hours is allowed for study; two hours for recreation, and one hour for meals; sixteen hours' instruction per week makes a total of 272 hours in the four months. Thus, we could give sixty hours to Elementary Nursing, not including practice classes; sixty hours to Anatomy and Physiology, including Laboratory work, where the pupil dissects specimens of animals and examines histological slides; twenty hours to Bacteriology and twenty hours to Chemistry, where a good Laboratory course is essential; ten hours to Hygiene and Sanitation; ten hours to Ethics and History; ten hours to Bandaging; ten hours to Household Economics; ten hours to Elementary Materia Medica, and six to ten hours to Solutions, and ten hours to the theory of Dietetics; the Laboratory work depending upon the service in the Diet kitchen of the Hospital, a more advanced course including special diets being given in the senior year. Practice in the Elementary Nursing procedures will be gained in the Demonstration Room, where the Instructor takes Classes of small groups, and on the wards. The pupil must be carefully supervised to see that she follows the technique taught in the Demonstration Room, not imitating wrong or careless methods, or attempting to do work in which she has received

no instruction. It is important to remember that the work on the ward is for the pupil's education. The ward in nursing corresponds to the Laboratory in the Sciences; each task done should be of direct educational value. Thus, the pupil's education will be concentrated; and though she may be of less service during the probation period, she will be much more efficient on the wards later. Could we not apply this to the remainder of the three years' course? If much of the routine, when mastered, were replaced by work of greater value to the pupil, we would have a concentrated course, including experience in broader fields, making our nurses more intelligent and more useful citizens.

With such a full course, the pupil must plan her time well, to get up the work and do readings assigned. Many people never learn how to study. Classes sometimes say that they cannot get up a certain topic, because they do not know how to study; they do not know how to analyze a topic, thus seeing the relation and relative importance of its different parts. Methods and aims in studying should be discussed with the pupil. Many pupils read a topic over superficially, and find they know nothing more when they are through. In starting any new problem, one should stop to consider what she knows concerning it; asking herself questions that she may wish answered. - Next, she should read over her topic to absorb as much as possible from the author's view-point. Following this, she tests her understanding of the text. She should be able to analyze the subject and make her notes; to supplant the author's illustrations with her own; to apply his principles to her experience; to compare his methods and ideas with her own, and to answer questions asked. In this way, study will be of value to her. Periodically, a review will help the student to see how each lesson has grown out of the one before, probably throwing new light on the whole subject. To obtain this review on the part of the student is one of the chief benefits of mid-term examinations. To have conditions conducive to study, there must be quietness in the study room, just as in any reading room or well-managed library.

How to help the pupil to take good notes is another problem arising in a new class. As few text-books are used, the pupil relies to a great extent on her notes. With the increasing curriculum, the pupil must learn to take notes in class—quickly, accurately and comprehensively; having them in well tabulated form with good headings and sub-headings, arranged in such a way as to be easily read, and reviewed. Much can be expressed by diagrams. The time spent in copying notes is of little educational value after the pupil has mastered the art of not-taking. Note books should be handed in, and the pupil's method of note-taking criticized, with suggestions for improvement. The Instructor will aid the students by giving well-organized lectures, bringing out clearly the headings and sub-headings; tabulating work on the blackboard, and illustrating where possible by diagrams. A well thought out method of questioning is of utmost importance. I have said that we use few text-books; however, books are necessary, and as in many subjects no one book contains all the material necessary for a course, readings from



different sources will be assigned. It becomes almost necessary to have in the library several copies of the reference books more commonly used.

There are many valuable sources of information, especially in Toronto. The Reference Library on College Street is open to all and contains many works valuable to instructor and pupil. I have with me some pamphlets which may be obtained free of charge, from the Health Department. Some are issued by the Toronto Board of Health, and some by the Province. They are excellent, and may be distributed to the pupils. There is also a great deal of valuable literature which may be obtained from our American neighbors; from such sources as the Societies for Prevention of Blindness, Cancer, Tuberculosis, Infant Mortality, etc. In the Biological Museum of the University of Toronto, there is a wealth of resources for the student of Biology. It is especially valuable in the study of Embryology or Anatomy. Here one finds specimens of animals dissected; for example, one specimen shows the nervous system of the rabbit, and others the circulation of the blood with veins and arteries injected. There are also many embryological specimens. The atmosphere of the whole place is stimulating to a love of Biology. For senior nurses, visits to certain institutions arouse enthusiasm and stimulate interest, and form a good supplement to Social Service lectures.

To many nurses who are desirous of teaching, Teachers' College, at Columbia University, offers valuable courses. Some Schools have solved the problem of teaching the sciences by sending their pupils to a College or University for courses which cannot be taught at home. The Instructor is necessarily interested in education; she must be well up in Psychology and in the principles of teaching. As nurses, we have much to be proud of in our system, but we still have many things to learn in educational matters. We should throw ourselves in more with the educators of the country, and study methods adopted in other professions and in different vocations.

Probably there is a tendency now-a-days to divorce theory and practice. Close connections should be formed between class and ward work. The Instructor should be quite familiar with the patients in the ward, and draw from these for class illustrations. The head nurse may frequently aid the pupil, in applying her sciences to conditions met on the wards. Thus, with co-operation between head nurses and Instructors, the pupil's education will be much more extensive and valuable; she will be encouraged to read up new topics for herself.

One of the greatest problems in educating our nurses, is the small amount of time available for study. Once out of the preliminary course, their allotted time for study ceases. The demands of the ward are heavy. If the pupil spends part of her rest hour in class, and has several classes a week, the studying must all be done at night. If lectures are to be of value, each lecture she presupposes considerable preparation by the pupil, and should stimulate her to further reading. As studying is hard work, requiring the closest attention, it stands to reason that after nine

hours on the wards, and frequently one added hour in class, few pupils are able to do more than a superficial type of studying. The mind needs recreation, and the soul craves for some social life outside of the Hospital; and studies are easily postponed till a more convenient season. It is discouraging to see a class who, during the preliminary course, have been particularly bright and enterprising, lose their keenest interest as their study hours become fewer and the demands of the ward more pressing. Schools of Nursing are in a unique position. The Hospital depends largely upon the pupil nurses for the care of its sick. The Training School is responsible for the nursing of the sick, and also for the education of the pupils, and it is most important to be true to both interests. We must nurse our patients. We must educate our nurses.—*Read at the C.A.N.E. Convention, Toronto, June,* 1918.

## Problems of the Rural Mother in the Feeding of Her Children

By Dr. Alan Brown.

A review of the bulletins written for mothers on the care of infants, especially on the subject of infant feeding, would give one the impression that they were not intended for use outside the city limits. In this literature the two points most emphasized are the value of breast feeding *versus* bottle feeding, and the use of certified milk properly modified and kept on ice.

My observation and experience has been that breast feeding *versus* bottle feeding is not one of the vital problems of infant feeding for the rural mothers, as undoubtedly it is in the cities, for approximately 70 to 90 per cent. of rural women nurse their infants for at least six months. Also, properly modified cow's milk, kept on ice until feeding, is out of the question for the great majority of them, for it is only the exceptional farm home which can provide ice.

It would be interesting to examine the factors which determine the larger percentage of breast feeding in the country than in the city, but chief among them are:—

1. The work of the mother is largely in the home. Hence she is available for regular periods of nursing.

2. If the country mother leaves home, usually she has to go so far that she takes the baby with her.

3. The country woman lives a less artificial and more simply natural life than is possible for the woman in the city.

4. Bottle feeding is not suggested to her by the example of her neighbors.



5. There is no obliging doctor around the corner who is willing for her to assume the responsibility of artificially feeding her baby.

For these, and perhaps other reasons, the great majority of babies in the country are breast fed. But this breast feeding is not always successful. Complicating factors are:—

1. There is likelihood of weariness of the mother from overwork or from arising two soon after delivery.

2. Injudicious diet of the mother.

3. Lack of fresh air and proper exercise.

4. Lack of proper mental stimulus and freedom from worry.

5. Irregular intervals and improper methods of nursing, frequently followed by the so-called three-month's colic or other form of indigestion and often taken as an indication that the milk is not agreeing with the baby.

6. Failure to weigh the baby, or weighing only at very irregular intervals.

7. Nursing the baby after the first birthday, sometimes until the second. All these problems are very easily solved and it will only be a question of time at the present rate of dissemination of information regarding the feeding and care of infants until the necessity for proper nursing and methods will be matters of common knowledge.

It is the problems of bottle feeding and feeding of the child after the first year that present the most serious difficulties in rural infant feeding. These problems might be grouped under three headings.

1. Infant food other than milk.
2. Milk and its care.
3. Table food after the first year.

In the better rural communities, the problem of infant food may be solved by keeping one or two cows for the express purpose. In many other districts, patent or ready prepared foods are in geat favor. The foods most frequently used are those advertised in the lay press. The comparatively high price of these foods; the alluring advertisements; the full directions for preparing them; the lack of proper information as to their relative lower food value as compared with cow's milk; the father and mother love desiring the best for their baby, together with their lack of facilities and knowledge of the technique for feeding cow's milk, are all factors in promoting the use of patent foods in rural districts.

But, if milk is decided upon to be used for bottle feeding, immediately other problems arise such as healthy cattle, proper handling of the milk and utensils, lack of proper methods of cooling and, lastly, the lack of proper knowledge in its modification.

The health of cattle, especially as to freedom from tuberculosis, is not one of the serious problems of infant feeding, as it is in the city. Dairy cows are tested for tuberculosis when milk is to be sold in the

cities having inspection ordinances. There is no general provision for testing cattle in rural districts when milk is used for home purposes; however, experience goes to show that it is a rare thing to discover a cow suffering from tuberculosis when only one or two cows are kept on one farm and these kept most of the time in the open pasture.

Proper handling of milk can be summed up in the statement that a "clean man can produce clean milk anywhere." Clean milk is not a problem of fine dairy barns and elaborate equipment, although these may be a great convenience, but the essentials may be carried out anywhere. These are proper care and cleanliness of cows, stables, milkers, pails, cans, the removing of the milk at once from the barn to a separate cooling and straining, and the quick cooling and the keeping cool in properly sterilized vessels.

With a satisfactory milk supply and provision for keeping it safely assured, the next problem is the proper modification and formulae for each individual's baby. For the rural infant this is likely to be a matter of no small concern.

It is a fact that the average practitioner who graduated anywhere from five to twenty-five years ago did not receive instruction in the feeding and care of normal infants, particularly as compared with modern methods. The doctor's function was considered then, as it is all too frequently now, to diagnose and to prescribe for illness. The medical student of these days did not see normal babies in the clinics or practice, and he had no opportunity for observing and feeding them at various stages of their development. Hence, unless the practitioner has had experience with a family of his own or he has had children under his immediate care, unless he has taken frequent post-graduate work or has been a close student of current medical literature, he is not expert in writing formulae for bottle-fed babies and he finds difficulty in outlining diets for young children. In extreme cases, some physicians have been reduced to the experienc of ordering condensed milk and instructing the mother to read the labels on the cans.

But, granted that there is available in a rural district a man eminently equipped to give instruction in the feeding of infants and children, we are confronted with a still larger problem.

The public has been educated to go to the doctor and pay him for medicine and not for advice. Also, it takes time to teach a mother how properly to prepare formulae and diets and the average busy doctor hasn't the time. If he took the time, in all probability, he would not be paid or thanked for it. Therefore, in the average community, it is easier and quicker and is the means of a better immediate income for the doctor to send the baby some medicine for the colic or for the diarrhoea than it is to go painstakingly into the cause of these ailments. Some wise country doctors keep on hand some harmless colored sugar pills to give for the dollar, and give good advice gratuitously.

Frequently it happens that the country mother is too far away to send for a physician for an apparently trivial ailment, something which she expects will be better or alright in a few days, or she feels that having him come so far is more than she can afford, consequently she is strongly tempted to experiment with home remedies.



In some communities, too, particularly among the foreign-born people, a mistaken sense of thrift or ignorance of our customs prevents their sending for a doctor until the family and the neighbors have done their best, or their worst as it may happen, and the child is near death. There are certain districts where this practice is so prevalent that when a doctor is called to attend one of the children he goes expecting nothing else than that he will have to write a death certificate.

The rural mother lacks the opportunity for the frequent consultation with public health nurses, teachers, physicians in the clinics, or infant welfare stations which do so much towards simplifying the city mother's problems of infant feeding. Hence, apart from her relatives and neighbors, the only available source of this sort of information for her is the magazines, which in the last few years have taken up the care of children as a part of their regular activities. Some of these articles of advice have been written by space writers and, consequently, are of doubtful value. But for the most part, and especially in the first class magazines, these infants' and children's departments are conducted by physicians and specialists, and these publications have performed a wonderful service for the rural mothers.

Leaving the problems of breast and bottle feeding, the rural mother also finds special problems in the feeding of infants after the first year. Ordinarily she does not know how to take her baby from the breast or bottle and put him safely on solid food. Consequently she experiments with tastes of this and of that, with the usual result.

There is likely to be a scarcity of fresh fruit and green vegetables also, and too plentiful supply of fresh and salt pork This makes it difficult to obtain proper materials for a correctly balanced diet.

Outside of food and its preparation, there are a number of other problems which bear directly on rural infant feeding. Among these may be mentioned:

1. Lack of facilities for proper disposal of garbage and sewage.
2. Unsanitary toilets.
3. Dirty barnyards and pigpens.
4. Rats and flies and other disease-breeding pests.
5. Pollution of the water supply.
6. Lack of conveniences in the farm home and difficulty of obtaining domestic help.
7. Lack of opportunities for consultation.

Perhaps the most serious of these problems is the lack of disposal of garbage and waste, with all its attendant evils. The unsanitary slop barrel, the dirty pigpens and barnyards, and the unscreened, filthy toilets are a prolific source of rats and flies, with their possibilities of pollution of

food supplies. The average rural toilet, which not infrequently is a miniature cess pool, also may be responsible for contamination of the water supply of the family or the neighbors.

The difficulty of obtaining domestic help and the task of modern conveniences are vital problems for the rural mother. An overworked mother cannot supply the proper amount or quality of milk for her infant, neither can she take the necessary care and precautions with the baby's bottle when she is exhausted from too long hours or too heavy work. The lack of modern conveniences, especially a furnace and a properly equipped nursery, means that in the average farm house the mother must keep her young children with her in the kitchen. Here they are exposed to overheating from the kitchen stove both in summr and in winter; they are exposed to drafts and cold floors, to steam from washing and cooking; and they are placed within easy reach of sundry bits of indigestible food and stray articles, which are surreptitiously swallowed.—*Read by Dr. Brown, at the C.A.N.E. Convention, June,* 1918.

## The St. John's Ambulance Brigade

By Dr. Chas. Copp.

The St. John's Ambulance Brigade is an integral part of the British Red Cross organization as soon as war is declared by His Majesty the King. He wished to define the place held by the Brigade in the organization that is demanding so much during the present great struggle. The Order of St. John is familiar to all through the stories in the school books of that Order of chivalry which developed in the dark ages and which has continued on into our present time, which was re-established under Queen Victoria. Its motto is: "For the welfare of mankind through the faith." A number of members of this Order were present at the Geneva Conference, and on their return to Great Britain they felt that the industrial life of all communities required that emergency corps should be provided for the trivial and major accidents that occur in factories and wherever manufacturing is taking place; so there was established an ambulance department under the aegis of the Order. The St. John's Ambulance Association exists for the purpose of instructing in First Aid to the injured, home nursing, home hygiene and sanitation. The courses in First Aid were remarkably successful from the beginning, and hundreds of thousands of certificates of proficiency in First Aid have been issued through the British Army. Courses of instruction must be given by qualified medical practitioners; this is a standing rule of the Association. When the War broke out that rule was relaxed and qualified trained nurses, as defined by the Order, were accepted as instructors to those classes; this was the first time the trained nurse was accepted in the home nursing classes. Now she may give courses of instruction in First Aid and any other courses, under the authority of the local secretary, or the Provincial secretary of the Association in this country. The Order of St. John defines a qualified trained nurse as a woman who has completed the three years' course of training in a general hospital, having a recognized training school attached, and who, having qualified in the examination of the institution, has received a certificate to that effect. Since the War has proceeded it has been necessary further to relax those regulations, and



now instructors who are recognized by the officials of the Association are authorized to give the instruction, and the committees responsible for the collection of such instructors are very careful. The trained nurse who is requested to act as instructor must submit her diploma and other credentials before her services will be accepted. This movement appealed very largely to the working classes, necessarily so, and the men found that they were greatly helped by meeting together for practice and drill. They met that they might discuss what to do in case of a fractured thigh bone or bleeding from the femoral artery, what to do first in such cases. All those matters led to practice on the part of the certificate-holders of the Association; and at St. John's Gate, the headquarters of the Order, there is a crowd of men who are so enthusiastic that when Her Majesty elected to have a procession through the London streets in 1887 this group of men, and also some women similarly trained, went out on the streets of London and attended to the accidents so worthily that the Commissioner of the Metropolitan Police sent a letter expressing appreciation of the work performed, and thanking the Order, and urging that the movement be continued. So from that date has developed the St. John's Ambulance Brigade, which has to do with the individual, with personal service. In the First Aid and Home Training classes there are ten hours of instruction in each course, five hours of which must be practical demonstration by a doctor or by an administrator who is attending with him at a lecture. The efficiency developed in some divisions of the Brigade is remarkable under the rule which requires that practice and drill must be continuously and regularly attended. The Association is responsible for the manufacture and distribution by sale or gift of all the ambulance material, and the simplicity in construction of this ambulance equipment is a particular feature. The people are taught not to rely on sterilized dressings or antiseptic solution, but to be able to use the thing that comes to hand, and to use it with good judgment so that the life of the patient may be conserved. Qualifications for membership in the Brigade in Canada are: The obtaining of a certificate from the St. John's Ambulance Association in First Aid and in Home Nursing; good character and physique; age from 17 to 55; lame or crippled persons excluded; residence in the district, and within reasonable distance of the headquarters of the corps or division. The greatest care is exercised in examining the character of individuals seeking admission to the Brigade. The organization is a department of the Order of St. John; the Grand Prior of the Order is His Royal Highness the Duke of Connaught; he appoints the superior ambulance officers, who are responsible to a chief commissioner appointed by His Royal Highness. The local units known as divisions are officered by women who are taken for their executive ability, and who very often are trained nurses; nearly fifty per cent. of divisional superintendents in Canada are women who have been through the experience of a hospital training, who know the requirements of emergency treatment, and who can develop these volunteer emergency workers who are able to render succor or assistance to any accident occuring in any community. The officers in charge of divisions are appointed by the Chief Commissioner on the approval of the officer in charge of the district. The whole organization becomes practically a military organization. The whole service is voluntary; all the officers and all the members serve without remuneration; that is, the persons bind themselves to observe the rules and standing orders and regulations governing the organization. Any fees or donations offered for services rendered are turned into the treasury of the division, and each division is locally self-supporting and meets its obligations out of its treasury. This involves membership fees ranging from $3.00 to $5.00 per member per annum. Proper stationery, books, list of stores kept on hand for emergency work, record and register sheets for the membership are kept, and are in the hands of the officers, who are responsible for the proper carrying out of their duties, on pain

of removal. The organization has little appeal to the person looking after his or her own interests. The public duty which is called for means that the individual who performs that duty is under expense. In Toronto for a number of years divisions have done service on many public occasions before the War where they have simply put on their uniforms, attended a convention or other gathering, looked after the accidents that occurred merely as a service of love, receiving no remuneration. Such service is recorded in their records in the division, and the Order recognizes such service by the granting of a medal at the end of fifteen yeas' service, which is given to the member by His Majesty and is worn with the military medals and other decorations which His Majesty is pleased to give. The standard of efficiency of the organization requires that members of the Nursing Division should be re-examined in First Aid and Home Nursing every twelve months; must attend at least twelve drills of not less than one hour each, at each of which there has been some practice in applying First Aid; has been present at the annual inspection conducted by the officer in charge of the district or one deputed by him who visits the division, ascertains their capacity in performing First Aid and Nursing duties and investigates the clerical side of the work, sees how the ambulance material is kept and whether it is clean, investigates the personnel and the uniform of the units, and has a conference with the officers in charge looking to the maintenance of a high ideal in the work of the organization; must be certified by the officer in charge of the local division as efficient in drill or nursing duties, as the case may be; and must turn out to such officers satisfaction when called upon to perform public duties. If a member fails to qualify under any one of these heads she will lose credit for a year for service medal or service bars. It will thus be seen that the organization is clearly defined, and in practice it has been found to work admirably. Anyone would appreciate its value in a city community who could have seen the group of fifty orderlies who were sent to Great Britain at the request of the Chief Commissioner of the Brigade improvising stretchers out of material found in the garden of Sir Henry Pellatt, Deputy Commissioner for Canada, and see them take from their uniform equipments, for they were allowed nothing on their person, the whole demonstration having been gotten up without the knowledge on the part of the men that it would be asked for at all, and see how they would take care of really serious conditions in emergency. Graduate nurses who have had hospital training, and hospital superintendence, who know the importance of discipline and appreciate what it would mean to a body of women unaccustomed to discipline to move and act in case of national emergency of any kind, can greatly help in this work. The trained nurse is now the recognized instructress under the St. John's Ambulance Association; and as classes are being formed in various parts of the country, and as these will be in greater demand than ever, it would be a gracious thing on the part of the graduate nurses to assist in this organization, whose ideal is very high.

Now as to our own work in Canada and in the British Army, as related to the Red Cross movement, Great Britain's signatory to the Geneva Convention recognizes that the two volunteer organizations that may do Red Cross work are the Order of St. John of Jerusalem and the British Red Cross Society. In Canada at the beginning of the War, about the 7th August, 1914, as soon as the Duke of Connaught had time to arrange it, a meeting was convened at Government House, Ottawa, where was established the National Relief Committee of Canada, consisting of representatives from the Department of Militia and Defence, the Director-General of Medical Services, and representatives from the Canadian Red Cross Society, the St. John's Ambulance Association, and the St. John's Ambulance Brigade. At a later meeting what is now known as the Canadian War Contingent Association was added to that Committee. The Committee was a common ground for the operation of those organizations,



where they might meet and form their plans; and there was delegated to the Canadian Red Cross Society the responsibility of collecting all monies and all comforts for the soldier, wounded and sick. To the St. John's Ambulance Association was delegated the responsibility of instructing the community of Canada as widely as possible in First Aid, Home Nursing, Hygiene and Sanitation. To the St. John's Ambulance Brigade was delegated the responsibility of supplying personnel to the Army Medical Corps. At the outbreak of the war there were about twenty-five ambulance divisions throughout Canada, and on the Chief Commissioner's request a detachment of fifty orderlies were sent for service in Great Britain under the Imperial War Office. Ten of those men were assigned to one Hospital at Etoof, France, and included two Nursing Sisters, members of the Brigade who were to be assigned to duty there under a qualified trained nurse. The other men were drafted into the Royal Army Medical Corps, and are now serving in all parts of the world; letters come from those men from time to time. It was felt that the Brigade could serve by placing skilled stretcher-bearers, skilled in the handling of accidents in industrial life, and that those men should be drafted into the Canadian Army Medical Corps; and so practically the whole personnel of the organization as it existed in August, 1914, has been drafted into the Canadian Army Medical Corps, and has been loaned through the organization, and their efficiency is still carried on and their promotion in service will be recognized, so that a man who has risen from a private to a sergeant will be called a sergeant when he returns to the St. John's Ambulance Brigade. So far as the control of that man is concerned, he is part of the Army Medical Corps and the Brigade has nothing to do with him. Those men enlisted for war service and they will be receiving pay and their expenses are met. The British Red Cross Society and the Order of St. John are both recognized by the Imperial Government under the signatory to the Geneva Convention, and those two organizations wisely formed what is known as the Joint War Committee, whose Chairman is the Chairman of the British Red Cross Society, while the Vice-Chairman is one of the prominent officials of the Order of St. John's. This Joint War Committee sent a request to Canada that voluntary aid members should be sent on the following terms of service: They must be British subjects; age 23 to 38; good education; good health; certificate of physical fitness for active service by a surgeon; certificate of vaccination and innoculation; absence of varicose veins, of flat feet or other deformity or organic disease; membership in the nursing division is essential; membership in the St. John's Ambulance Association necessary; to secure membership in the nursing division, evidence is submitted to the officer in charge of headquarters. Above qualifications must be possessed before application will be considered; service to be during duration of war; payment at the rate of £20 per annum for the first six months, gradually rising to £30 per annum; uniform, £4 per annum, paid by the British Government; reasonable expenses from landing in London is paid by the General Committee of the Order of St. John's and Red Cross Committee; transportation to London and return; no liability for accident or illness is assumed by the St. John's Ambulance Association or other organization; valunteers will be required to work under fully trained nurse, and will be under control of officer in a fully equipped hospital, and will be required to be on the staff of the hospital under the supervision of the Matron; they will receive board, lodging and laundry allowance. Applications to serve in above capacity have been received in endless number from young women from the best homes in the country. It has not been found possible, nor has it been thought feasible or desirable, after consultation with Superintendents of some of our larger Hospitals, that those young women should be entered into the hospitals of Canada before they are sent over, the reason being that the interference in the ordinary probationer course would be a factor that would have to be con-

sidered; that as a matter of fact in the first two months of training in a civil hospital is given to the probationer, and the probationer is practically given up to the hospital; it was thought necessary that those girls should get their preliminary training in a military hospital if that were possible. In some parts of Canada young women have been taken who have not had any hospital experience whatever, yet some of those girls have made remarkable records for themselves as V. A. D.'s—as they are known. Some of those girls, who had no previous desire in their hearts to enter the nursing profession, and have none now—it is pure patriotism on their part that has taken them—have done very capable service; the record of service has been so remarkably good of those that have been selected to go forth that the statement must be altogether discounted that those girls went over in order to get married or took the chance to get married. The work we have to perform is to supplement what are the recognized services of our country. That is what the Red Cross stands for—supplementary aid to the organized administration of our country; that is, if we have a great demand for surgical dressings, as has occurred over and over again, that the Red Cross should be compelled to make surgical dressings. Or there is an urgent appeal for clothing, and that is handled through the Red Cross organization, and it goes right up to the Stores Department of the Red Cross Society and is handed over to the hospitals by indent, just as though they were part of a military organization. It is well that we have such an elastic organization. When the Order of St. John was appealed to to provide what it has undertaken as its responsibility to provide, then you can be sure that the Order of St. John will do its utmost to provide it, just as the Red Cross materials will be brought out when they are demanded. (Applause.)

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Albumen is the most important food substance in eggs; it is present in the yolk as well as in the white; the yolk also contains fat in the form of oil. Raw eggs are more digestible than cooked, and if the patient can be induced to take them, they are very valuable. Sometimes the yolk of an egg can be lightly beaten and mixed with a glass of orange juice. Albuminized lemonade may serve to smuggle down a few whites. Some patients will take a whole egg, lightly beaten with a little sugar, and flavored with a tablespoon-and-a-half of lemon juice.

Shortage of nurses has resulted in the placing of volunteer assistants in seven of the large hospitals in New York: Bellevue, Presbyterian, St. Luke's, Vanderbilt Clinic, the Lying In, Governeur and the Italian. To train women for this service a new course has been arranged for hospital clinical assistants by Teachers' College in co-operation with the Bellevue Social Service, the Federation for Child Study and the People's Institute. The course will give special training in child hygiene, nutrition and related subjects. It is pointed out that the employment of these clinical assistants not only helps out the shortage of nurses but results in a great saving of time to the physicians, of whom there are now none too many in the hospitals. In order to speed up the training of public health nurses, the Red Cross has given the Henry Street Settlement $25,000.00. This course will be open to three-year under-graduate nurses, and will continue from June 1st to September 1st.



# Editorial

The recent conventions of the National Nurses' Associations held in Toronto in June were the largest attended of any that have been held. The University allowing the use of the West Hall for our meetings was a happy augury of the work done during the week. It is hoped that the delegates and members will take home a good account of the matters taken up there. We feel that a very great step in the nationalization of our Nurses was accomplished. Points of view from the different parts of our huge country brought it home to us all that no one part can live to itself, but that we are all parts of a whole, and that united we can be a tremendous power.

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The Editor had the opportunity to visit a number of cities west of Winnipeg, and thoroughly enjoyed the privilege. It was decidedly educational to get the ideas of so many active local Associations, and to see their keen interest in nursing affairs, taking nursing in its broadest meaning, that of preventive or social work. To the different Associations and individuals who so delightedly entertained the Editor, are her heartiest thanks given. In every place she was given the chance to inspect the hospitals, speak to the pupil nurses; the future graduates of our schools, and to see the country as well as meet the members of the Nursing Associations. We feel sure that a very great work could be done in getting us all united and interested in the Association work and in the *Canadian Nurse Magazine* if more time could be spent in visiting the different communities. If it were possible, the Editor would like to mention special points of interest along the more progressive lines of Public Health Nursing. The next few years will surely see a wonderful improvement in the general health of the people as the school and visiting nurses get in their work of improved home conditions and proper living.

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The Germans have added to their list of atrocities the destruction of the hospital ship Llandovery Castle, with its loss of life of 89 Canadians, all of the Canadian Army Medical Corps. The following Nursing Sisters were lost: Nursing Sister Minnie Follette, Wordsbrook, N. S.; Nursing Sister Christina Campbell, Victoria, B.C.; Nursing Sister Gladys Sare, Montreal; Nursing Sister Mabelle Sampson, Duntroon, Ont.; Nursing Sister Rena McLean, Souris, P.E.I.; Nursing Sister Mary A. McKenzie, Toronto; Nursing Sister Jessie M. McDiarmid, Ashton, Ont.; Nursing Sister (Acting Matron), Margaret M. Fraser, Moose Jaw, Sask.; Nursing Sister Margaret Fortescu, Montreal, P.Q.; Nursing Sister Carala J. Douglas, Swan River, Man.; Nursing Sister Anna I.

Stamers, St. John, N.B.; Nursing Sister Katherine Gallagher, Ottawa, and Nursing Sister Jean Templeton, Ottawa, Ont.

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The following verses copied from *The Nursing Times* will be appropriate to them who were faithful "even unto death:"

"FINIS CORONAT OPUS"

(To the nurses who died in the bombed base hospital, May 19th, 1918)

Could woman find a nobler fate than this,
To die, and, dying, feel the thrilling kiss
Of sacrifice,
Seeking, with eager heart, her best to yield,
Laying her body on the battlefield,
Could more suffice?

Could woman offer more, more greatly dare,
Than these, whose quiv'ring souls fled—white and bare—
On quick-drawn breath?
Than these, whose feet with certain sureness trod
The path that led so suddenly to God,—
The path of death?

So calm they lie, cold in thy bosom, grave,
So quiet they sleep, bravest of all the brave
Women who died.
Could angels chant a sweeter slumber song
Than this, that "Right must triumph over Wrong,
Right glorified"?

—ARDATH FORSYTHE.

## Letters to The Editor

DEAR EDITOR:

Toronto nurses were fortunate in being able to attend the Convention on Nurse Education in June, but especially were they fortunate in being able to learn first-hand of the efficient army nursing organization which has been developed in the United States.

In view of the claim for a high standard of efficiency, Canadian nurses would have been justified in asking why a hospital in the State of Michigan recently made application in Toronto for graduate nurses for contagious work, especially as this request came at a time when our supply was being taxed to the limit.



Might it not also be wise for Canadians to discontinue the practice of allowing any of their pupil nurses to take a portion of their training in American Hospitals, for it must indeed be a joy to the nursing profession of that country to feel that as far as they are concerned good has already come out of ill, and they need no longer depend upon Canada for a large percentage of their pupil nurses.

Other comments on nursing that will bear examination is the effect of war conditions on the private duty nurse. There is not as great danger of that service becoming depleted in numbers as there is of its becoming lowered in strength of morale. We feel quite safe in saying that no branch of the nursing service has been more affected by the war. This is chiefly because of the irregularity and uncertainty of their work, periods of enforced idleness and the high cost of living, or periods of over-work, are the difficulties that confront the private duty nurse.

Another Convention remark that should not be allowed to pass unchallenged was that graduate nurses do not allow higher remuneration to tempt them into the Military Service, especially if they feel their duty to lie in other branches of the world; in that regard one could reasonably ask if any such charges had been made against them.

The staff of civic institutions are in some cases depleted compared to the staff of military institutions. This condition of affairs is a deplorable fact, not merely an implied fancy. One Military Hospital caring for thirty patients has a staff of eleven graduate nurses; an institution in the same neighborhood caring for an average of between twenty and thirty contagious cases, had an employed staff of two semi-trained nurses, and while it is true that important issues concerning professional nurses should not be viewed from the standpoint of remuneration, we sincerely hope that trained nurses in Canada are still Canadian in their ideals of true Democracy.

Many issues were discussed at last week's gathering that are of vital importance, not only to nurses but to all women, but upon one issue I think we should all agree, efficient training should be the watchword of women who are preparing to meet and adjust the problems of war. Before the end of the war we will have women properly trained as nurse attendants and for domestic work, and the personnel of any hospital, military or civic, will then be supplied by trained women. The pity is that, universally speaking, women do consider domestic work to be of a menial nature; if this were not so, applicants for V.A.D. service and for other forms of this so-called war work would be fewer in numbers.

The pressing need is for trained workers who will be of practical value in meeting conditions that prevail owing to the war. For instance, why should a Domestic Science graduate employ a cook as well as a kitchen helper to assist her in preparing food for thirty-five persons?

In the minds of Christian people, no work is menial, only our attitude towards it makes it so, thus our greatest Teacher taught.

If graduate nurses and nursing organizations would honestly face

the facts regarding registration, they would not attach all blame for not having obtained legal status upon the Provincial Government. It is over thirteen years since nurses applied for registration in Ontario, but neither at that time nor at a later date did they present a feasible plan; had their bill for registration become law, the Provincial Government would have disqualified nurses who are supplying in hospitals that are of vital importance in community life, and, during the thirteen years that have intervened, many instructors in training schools for nurses and other members of nursing organizations have not hesitated to earn their living by assisting in the education of nurses they later attempted to disqualify.

"Is there for *honest* poverty (poverty of nursing education)
That hangs her head and a' that,
The rank is but the guinea stamp
The nurse the gowd for a' that,
The nurse of independent mind
She looks and laughs at a' that,
The pith o' sense and pride o' worth
Are higher rank than a' that,
Their dignity and a' that.

Then let us pray that come it may
As come it will, for a' that,
That nurse to nurse the world o'er
Shall sisters be for a' that."

M. A. GIBSON,
Graduate Nurse, Toronto.

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DEAR EDITOR:

I was glad to see the recent letters re the tubercular prospective mothers. I heartily agree with them, and wish Conservation of Life was written on every Hospital and Municipal building and every school in our country. There are two matters to which I would like to call your attention and that of all the readers of this magazine, viz., the wearing of nurses' uniform by your girls for tagging or serving teas, etc. Nearly every newspaper has "refreshments were served by young ladies of such and such society dressed in nurses' unform." I hold my uniform as a sacred trust, just as all uniforms should be held, and I would respectfully suggest that all hospitals in Canada should have the same style of uniforms for its graduates; also insisting that no nurse, on or off duty, should appear on the public streets, in uniform, and most certainly not at masquerades, fancy dances, carnivals, etc., making it a punishable offence if it be done. Let us raise our standard and our feeling about the uniform, not lower it by allowing all sorts and conditions of women who do so chiefly because they think they look well in it.

Another matter. It seems that the present trend of the nurse is to commercialize nursing. They do not see their duty towards the work in



the out-of-the-way places, where, if ever there was a patriotic bit of work, it is in keeping up those most valuable small hospitals with good staff, and to help the sick in the country. Are we not getting the right type of women to enter the training schools, or are training schools getting too lax in their discipline, and so getting the giddy, young things who "superficially" do their work with a view to matrimony with a suitable male patient or doctor?

CANADIAN NURSE.

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Dear Editor:

Some time ago I noticed that suggestions were wanted, so here are a few of mine. For some time I have thought that something should be done for our nurses on their return from overseas duty—something of a lasting nature. These nurses may or may not be able to continue their work on their return; they will not be disabled, perhaps, but the strenuous life over there must shorten their working life without enabling them to make provision for the future. In a recent number of the *American Journal of Nursing* I saw the idea expressed, suggesting that something big be undertaken by women outside of the Nursing Profession. We nurses, while willing to do all we can, are not many nor are we wealthy women who could alone do such a big work. Could the Executive of the C.N.A. devise a plan to take this matter up? Would it not be a good thing? Also suggest a list of all nurses from Canada who have gone overseas, with the name of their training school, published in the *Canadian Nurse,* bringing them before the nurses at home.

S. S.

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## All Malaria Carriers

Experiments carried out by M. Roubaud, of the Pasteur Institute, in regard to the germ propagating proclivities of mosquitoes, have shown that all mosquitoes of the anophælidæ genus, including even those living in districts in which there are no marshes, can carry malarial microbes.

M. Roubaud took Paris mosquitoes and persuaded a soldier who had contracted malaria at Salonica to allow them to sting him. He then captured the insects and found that they had become infected. M. Roubaud next allowed the surviving mosquitoes to bite him, and was rewarded by an unmistakable attack of malaria.

It appears from these experiments that if malaria patients are removed to any districts in which there are mosquitoes the insects may infect healthy persons.

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Choose your friend wisely. Test your friend well. True friends, like rare gems, prove hard to tell. Winter him, summer him; know your friend well.

**The Canadian Nurses' Association and Register for Graduate Nurses, Montreal**

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

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At the May meeting of the Canadian Nurses' Association, Dr. Hall, of Point St. Charles, gave a very interesting lecture on "Circulation." The attendance was good.

A large number of Montreal nurses attended the Conventions of the Canadian Association of Nurse Education, and the Canadian National Association of Trained Nurses held in Toronto, June 4th-8th. Miss Phillips, Misses Fairley, Goodhue, Strumm, Craig, Giffen, Trench, Snell, Mrs. Pollock, Misses Tedford, Prescott, Ketchen, Delaney, E. McLeod and A. DesBrisay.

Miss Phillips is spending her holidays in Prescott.

The meetings of the Edith Cavell Chapter I.O.D.E., are discontinued for the summer months. Nurses who can possibly do so are requested to assist in Red Cross work.

Two Montreal nurses, Miss M. Fortescue, a graduate of the Montreal General Hospital, and Miss Carpenter, of the Royal Victoria Hospital, who have been working overseas, have recently been mentioned in Sir Douglas Haig's despatches. Congratulations.

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LUCKY DOG

I can't beat "Tears cannot restore him, therefore I weep," says a correspondent, but the following pithy epitaph on the tomb of a doctor (given me, I hasten to say, by a medical man) comes near it—

"He survived all his patients."

—*Manchester Guardian*



# News from The Medical World

BY ELIZABETH ROBINSON SCOVIL

DIPHTHERIA CARRIERS.

Measles is often followed by diphtheria. In a report giving the results of an investigation into the prevalence of carriers, the majority of whom were thought to be nasal, some interesting conclusions were stated. Cultures to the number of 687 were taken, and 57 carriers, in all, were discovered. Approximately, two per cent. of the school population were found to be carriers. In the case of such carriers the following treatment is recommended: Constant inhalation by means of dropper, nasal swab, or atomizer, every hour, of a 1 per cent. solution of gum champhor and eucalyptol in mineral oil for all individuals over five years of age, and a one-half per cent. solution for younger persons. The efficiency of this treatment is attributed to its hourly use instead of the usual application of anticeptics once or twice a day. All persons with acute catarrhal nasal conditions are possible acute nasal diphtheria carriers.

THE FAT INTAKE IN DIABETES MELLITUS

A paper in the *British Medical Journal* emphasizes the importance of regulating the fat allowances as well as the carbo-hydrates and protein in the diet of the diabetic. Fat, unbalanced by an adequate available supply of other foods, is poison to the diabetic, and the craving for bread and other starchy foods is an expression of a natural want that should be dealt with by reducing the fat rather than by increasing the carbohydrate. In some cases, when the sugar returned after the fasting treatment, it was found that an excess of protein was being taken; in others, that the fat content of the diet was the difficulty.

PROTECTION AGAINST LICE

The experience of our men in the front makes this subject one of importance. A writer in the *Journal of the American Medical Association* recommends the application of any form of sticky fat that does not melt freely at the body temperature. A mixture of castor oil and tallow is cheap and effective. The spiracles of the insects are clogged, and death by suffocation follows. The newly-hatched young die likewise when attempting to feed, even if the nits are not destroyed.

RICKETS.

An Italian journal regards rickets as a disease of the entire organism, not of the bones alone. The blood and soft parts also lack the normal amount of lime. Any milk given after the first year, directly favors the development of rickets. A little soft mashed vege-

table helps to ward off, and may be begun as early as the eighth month. The medication recommended is cod liver oil in the form of a 50 per cent. emulsion. To each 100 gm. of this emulsion 0.01 gm. phosphorus is added. One or two teaspoonsful a day is given, immediately before eating. With this is administered 0.5 gm. of calcium acetate. A larger proportion of this is retained than of the phosphate or citrate of lime.

### Aloes in Poisoned Wounds

A Swiss surgeon advices the use of a saturated solution of aloes in alcohol for the stings of wasps and mosquitoes. Severe stings by bees and hornets respond quickly to this treatment. It should be applied immediately. A trial of aloes in snake bite is recommended.

### Cod Liver Oil.

Large quantities of cod liver oil are produced in Newfoundland as a by-product of the fishing industry. Hitherto the quality of the oil was said to be inferior to that prepared in Norway. In 1910 the government procured the services of an expert from Norway, and in 1916 a law was passed requiring refiners of cod liver oil to take out a license. It is said the oil now produced equals the Norwegian product.

### Thirst at Sea.

The *British Medical Journal* recommends the injection of sea water to relieve thirst in the case of persons cast away at sea. If a rectal syringe is not obtainable a rubber tube can be used, or the stem and bowl of a tobacco pipe. The injection should be given slowly and as much water as possible used.

### McGill Admits Women.

McGill University has opened its doors to women. They are to be admitted to the study of medicine and dentistry. Those to be admitted hereafter must have a degree in arts from a recognized university, or must take the double course of B. A. and M. D., or B. Sc. and M. D.

# Public Health Nursing Department

*Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing*

### Ontario.

Representative—Miss Ella J. Jamieson.

On May 6th, Mrs. Wm. Lowell Putnam, of Boston, Mass., President of the "American Association" for the "Study and Prevention of Infant Mortality," spoke in Hamilton to a large audience, touching chiefly on pre-natal work.



There has been organized, in connection with the Ontario Educational Association, a School Health Section, the object being to awaken a greater interest in health questions as they affect the school and home, and to further co-relate the work of the school medical officer, dental officer and school nurse.

Such an organization in connection with the Ontario Educational Association will do much to stimulate the interest of the teachers of the Province and magnify the educational and preventive phases of health work.

At an organization meeting, held at the University Buildings, the following officers were elected for this section of the O. E. A.: President, Dr. Wallace Seccombe; Vice-President, Dr. M. B. Whyte; Secretary-Treasurer, Dr. Gordon Bates; Associate, Principal Fraser; Representative to Board of Directors, Dr. Seccombe; Executive Committee, Inspector Ward, A. E. S. Smythe, Miss Savage (Hamilton), Miss Patton (Ottawa), Miss Johnston (London), Miss Kellaway (Hamilton), Dr. Helen MacMurchy, Dr. F. J. Conboy and Miss M. MacKay (Toronto).

A Child Welfare Clinic has been opened in connection with the General Hospital at Port Hope. It is under the direction of Miss Elliott, Superintendent of the Hospital, who will be assisted by the Staff physicians and the Hospital nurses.

### British Columbia

The Board of School Trustees, in the year 1913, established in the School Board offices in the City of Vancouver a free Dental clinic, consisting of one equipment and one dental surgeon with a lady attendant, where school children of families who were unable to have dental attention could do so free of charge.

The Clinic was operated on this basis until war was declared in 1914, and was then discontinued until April, 1915, when it was re-opened as before. The waiting list of children to be treated had become so large that it appeared as if we were working on the fringe of a great undertaking, and the Board decided that they would increase the staff by adding one more dental surgeon, which they did in the month of May, 1917.

With this addition to the staff, we still found that it was impossible to cope with the number of applications for dental treatment, and this year another Clinic has been opened in the Florence Nightingale School, with two dental surgeons and one lady assistant operating there.

The Clinics are open from 9 to 12 a.m., Saturdays included, and on into the summer vacation, but even with this additional staff, we have still a large waiting list.

The class of work undertaken in the Clinics is plastic fillings, extraction, and prophylaxis. On account of the age of patients, no crown or bridge work is permitted.

In our work local anaesthetics are used, as well as nitrous oxide gas

for a general anaesthetic. These are used quite freely to eliminate the dread that children have of the dental chair.

The usual routine in cases coming to the dental clinic is that the child applies to the school nurse for an application form for dental treatment, which is filled out and signed by the parent or guardian. The nurse then makes a visit to the house and investigates conditions, and, if the case is worthy of attention, the application is approved by her. This application is filled in the order received, and the child is notified of the hour of appointment. We treat 16 regular cases every morning, in addition to the emergencies which sometimes amount to quite a number.

The number of extractions for last year were 1,200, fillings inserted 1,700, local anaesthetic 670, general anaesthetic 30, and 700 cases were completed. With the increase of staff granted this year, we aim to complete approximately 100 cases per month. In a recent examination of the City Schools, out of a school population of 13,000 at least 90 pe rcent. would require dental treatment, and estimated that 50 per cent. of this number would come under the free dental clinic.

So one can readily appreciate the vast amount of work to be done, and I sincerely hope that sometime in the near future the Board will see its way clear to double the present staff, to cope with the ever increasing demand for oral treatment.

### New Brunswick

Representative—Miss S. E. Brophy.

On April 15th, a "Bill" was introduced in the Legislative Assembly by the Hon. W. J. Roberts, known as an "Act respecting the Public Health for the Province of New Brunswick," and received its first reading.

The execution of this Act calls for a Department of the Executive Government to be called "The Department of Health," to which shall be entrusted the execution and administration of all laws of the Legislature, and all Orders in Council relating to public health, or public or social welfare.

The duty of administering the Department of Health shall devolve upon a member of the Executive who shall be styled the "Minister of Health."

The work of the Department of Health shall be carried on under the direction of the Minister by an Executive to be styled the "Bureau of Health," which shall be composed of:

1. The Minister of Health.
2. Chief Health Officer.
3. The Chief Medical Officer.
4. The Chief of Laboratories.
5. From three to five District Medical Health Officers.

This Bill is now up for discussion in the Legislature.



# The Diet Kitchen

By Elizabeth Robinson Scovil

One of the many forms in which milk may be given is curds, junket, or rennet custard, as it is variously named.

Rennin, a ferment that has the power to coagulate milk, is secreted by the human stomach to aid in the digestion of milk. The curds which a baby sometimes throws up is an evidence of the change that milk undergoes in the stomach. The nitrogenous parts of the milk are separated from the rest and the sugar and fat pass on to be digested in the small intestines. This substance exists in greater quantities in the lining of a calf's stomach. It is prepared for use either in alcohol, as liquid rennet, or dry tablet form.

The word junket is derived from the Latin *juncus*—a rush. In Italian it is *giuncata,* a dainty, fresh cheese brought to market on fresh rushes. The French call it joncade, from *jone,* the French word for rush. They make it of sweetened cream and rose water.

Persons who like milk will readily take the plain junket. If additional fat is desired, pour cream over it, or heap whipped cream on it. Directions for making junket are printed on the bottle of liquid rennet, or the box containing the tablets. There are a few points to be observed to ensure success in making it. The milk must be just warm when the rennet is put in; over-heating it, spoils it. 98 degrees Fahrenheit is the proper temperature—neither hot nor cold—but luke warm, which means literally half-warm. It is best warmed in a double boiler, or pan of hot water. The milk must not be over-heated and then cooled; neither must it have been treated with preservatives, watered, evaporated, condensed, pasteurized, or sterilized. Only pure, fresh milk will coajulate properly. If it is to be sweetened, flavored, or colored, the sugar and flavoring, etc., must be put in while the milk is warming. The rennet is added when it is taken from the fire, stirred in lightly and, after that, the junket must not be moved or shaken until it is set. It must not be poured in a cold dish or glasses. If it is made in one large dish, when a part is taken out, the curd separates from the whey, and the dantiness of the dessert is destroyed. Individual portions are better. Keeps in the ice chest until ready to serve.

When the eye is appealed to it sometimes helps to stimulate the appetite. Junket may be colored with pure food coloring, which comes in liquid form in berry blue, plum purple, lemon yellow, grape green, raspberry red and orange gold.

Plain junket, without sweetening, flavoring or coloring, may be given whenever milk is permitted. If desired, sugar may be added, and a little cinnamon, or grated nutmeg sprinkled on top.

Junket can be flavored with a little strong coffee or melted chocolate. Any of the ordinary flavoring extracts can also be used for it. Vanilla, almond, lemon, orange, or rose water. Some persons prefer spices, as cloves, nutmeg, allspice and cinnamon. Extract of ginger makes a delicious flavoring. Great variety is possible; the dish need not become monotonous.

### Custard Junket.

If it is wished to make the junket still more nourishing, eggs can be added.

Scald half a pint of milk; heat two eggs and a quarter of a cup of sugar until light; pour the hot milk on the mixture, return it to the double boiler and stir until it thickens. Have ready a pint and a-half of milk in which is dissolved another quarter of a cup of sugar; add the cooled custard slowly and mix evenly. When luke warm, add any flavoring prepared and the rennet; let it set and serve cold.

### Raw Egg Junket.

Some persons find it very difficult to swallow an egg raw. When this is the case try this recipe. Separate the yolk of an egg from the white; beat both thoroughly and add the yolk to the stiff white, beating constantly. Warm half a pint of milk, dissolve in it a tablespoonful of sugar and a little vanilla or lemon. Pour this over the beaten egg and stir in a quarter of a junket tablet, dissolved in a teaspoonful of cold water. Turn into a dish, and when stiff stand it on ice.

### Wine Junket

When stimulant is ordered and is not readily taken, wine, brandy or whiskey can be given in junket. Heat half a pint of fresh milk with one tablespoonful of sugar until it is luke warm, remove it from the fire and stir in the stimulant prescribed; as much as two tablespoonsful can be added. Dissolve half a rennet tablet and proceed as for plain junket.

### Junket Puree.

This is a dainty dessert for a convalescent, and may be made either of apple, or banana. For the latter, slice a banana and cook it slowly with two tablespoonsful of water until tender; then puss the pulps through a wire strainer. Add a tablespoonful of lemon juice, a teaspoonful of sugar and a pinch of gelatine that has been soaked in cold water. Stir until dissolved and put in the bottom of jelly glasses or cups. When chilled, fill the glasses with plain junket and serve cold with cream.

### Whey.

Whey is cometimes ordered when a slightly nutritious drink is desired. It contains milk-sugar and some salts dissolved in water—the casein and most of the fat in the milk having been removed with the curd. To prepare it, make plain junket. As soon as it is set, break up the curd as finely as possible and strain through two thicknesses of cheese cloth.



# Hospitals and Nurses

## NEWFOUNDLAND

The news of the death of Miss Campbell, Superintendent of Tubercular Nursing, came as a great shock, not only to the members of the nursing profession, but to the whole community. She had been ill for a few days with grippe, which epidemic raged among the staff and patients at the Sanatorium, but had apparently recovered and had been on duty all day when, on retiring for the night, she had a sudden heart attack and died soon after.

Miss Campbell was one of the first graduates of the General Hospital, St. Johns, took a midwifery course in Edinburgh, returning to the hospital in St. Johns as Sister of Alexandra and Victoria wards. She was the pioneer of tubercular sanatorium work in Newfoundland, going to Edinburgh for the second time to train specially for it. Just as she had her patients comfortably settled in their new and up-to-date sanatorium and had seen the fulfilment of her heart's desire, God's finger touched her and she slept. She leaves behind her a memory of self-sacrifice and whole-souled devotion to her work, unfailing enthusiasm and zeal that never flagged.

"These shall not pass away
Nor any death dispense."

Our sympathy goes out to her mother, who, within the last two years, has lost husband, mother and only child.

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## NOVA SCOTIA

The June meeting of the N.S.G.N.A., held at the home of Mrs. MacLaren, was well attended, and the address of the occasion was given by Miss Potts, who is in Halifax at present as director of a Home for the feeble-minded children.

Miss Pickles, superintendent of the Victoria General Hospital, returned recently from Toronto, where she had been attending the Conventions of the C.N.A. and the C.N.A.E.

The many friends of Miss Bamford, superintendent of the Children's Hospital, will be sorry to learn of the death of her mother at her home in Doaktown, N.B.

Miss Harriet Graham, of New Glasgow, who has been overseas with the C.E.F. since 1914, has been appointed Provincial Matron of the Military Hospitals.

Nursing Sister Bain, of Camp Hill, expects to leave in a short time for overseas service.

Dr. Copp, of Toronto, Assist. Commissioner for Canada of the St. John's Ambulance Bridgade, gave a very interesting address in Halifax

recently. A luncheon of the Executive was held at the Green Lantern. Mrs. Bligh, Miss Pickles, and several other nursing officers were present.

Miss McDiarmid, who went with the B.C. Unit in 1914, was in Halifax recently on transport duty. While in Halifax she visited her cousin, Mrs. Corston, a member of the N.S.G.N.A.

The following nurses graduated and received diplomas from the Victoria Hospital, Halifax, recently. Misses Gladys Smiley, Christina McInnis, Annie Denvil, Florence Bishop, Norah Duncanson, Lettie Dick, Annie Brady, Stella Darby and Mrs. Gustave Thibedeau.

Miss Pickles, superintendent of Nurses, Victoria General Hospital, Halifax, presided at a supper given for the Graduating Class and the Seniors, at the Tally Ho. A most enjoyable time was spent.

Miss Gladys Smiley and Miss Christine McInnis have accepted positions in different departments of the Victoria General Hospital.

Miss Alice Brady (1918) intends doing private nursing in the United States.

Nursing Sister Bertha Smiley (1918) sailed recently for duty overseas.

Miss Sybella Barrington has accepted the position of Matron of the Infants' Home, Halifax, which position has been so ably filled by Miss Anna Fraser, who is leaving to be married shortly.

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## QUEBEC

### Montreal General Hospital

Miss Young has been appointed Matron of the Military Hospital, Tuxedo, Winnipeg, and of the district.

Miss Herener and Miss Carman, who have been on leave, have returned to England.

Miss Elizabeth Ross has been decorated with the Royal Red Cross, First Class, and Miss Cecily Gault with the Royal Red Cross, Second Class.

Miss L. McKinnon has joined the operating staff of the M.G.H.

Miss Webster, night superintendent M.G.H., is spending her vacation at Coburg, Ont.

### Alumnae Association of Montreal Women's Hospital

N. S. Shaw, who is home on six months' furlough, has left the Royal Victoria Hospital and gone to recuperate at St. Agathe.

Miss A. Sholit has returned from Jensen Camp, St. John's, where she was in charge. She is now doing private nursing.

The annual meeting of the M.W.H.A.A. was held on May 21st, when reports of the year's work were read and the re-election of the same officers for the coming year carried through.

Miss V. Way, nurse-in-training, assisted I.O.D.E. Chapter on their last Tag Day.



Lieut. R. H. Lefebre, R.A.F., was killed in action on April 13th in Italy. We all sympathize with Mrs. M. Moore (class '18) in the loss of her brother.

Miss E. F. French was appointed delegate to attend the meeting of the Canadian National Association of Trained Nurses, held in Toronto, June 4th-8th.

The Graduating Class gave a surprise party on May 9th to the Graduates. A very enjoyable evening was spent by all.

The graduation of the Women's Hospital Training School was held in the Assembly Room of the Nurses' Home on Thursday evening, May 30th. Dr. J. B. McConnell, president of the Hospital, and Dr. H. L. Reddy, addressed the Graduating Class, the diplomas being presented by the former. Dr. W. Burnett presented the medals, assisted by Miss E. F. French, lady superintendent. The room was very prettily decorated for the occasion, and, after the medals and diplomas had been awarded, refreshments were served, followed by dancing and cards. The Graduating Nurses are: Jean L. Orr, Aubrey, Que.; Louise L. Stewart, Montreal, Que.; Isabel T. Lake, South Shields, Eng.; Mabel E. Walker, Lysander, Que.; Christina H. Coffey, Kingston, Ont.; Mrs. R. M. Jones, Longueuil, Que.; Mary T. Miller, Lachute, Que.

### Quebec City

The following nurses graduated from the Jeffery Hale's Hospital, Quebec, this spring: Miss Irene Fellows, Que.; Miss Louise Cann, Que.; Miss I. Mona Kempffer, New Carlisle, Que.

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## ONTARIO

The thirteenth annual meeting of the Central Registry of Graduate Nurses, Toronto, was held at the Club House, 295 Sherbourne Street, Toronto, on Monday evening, June 10th, at 8 o'clock. A large number of nurses were present.

Miss J. O'Connor, convener, in the chair, called for the secretary's and registrar's reports. The registrar reported that the past year had been the most strenuous in the history of the Central Registry. Though the membership had increased, the demand for nurses had been greater than the supply.

The calls for the year totalled 6,834. Of these 4,253 were hospital calls. Last year there were 5,565 calls, showing an increase this year of 1,269 calls.

179 new members were enrolled during the year and 22 rejoined, making a total of 201. The total number of active members is 498.

During the year 48 members of the Registry engaged in military nursing; 33 accepted institutional positions, several of them being secured through the Registry. 21 nurses have been married since the last annual meeting.

Reference was made to the loss sustained by the nursing profession in the death of Mr. John Ross Robertson, whose kindness and sympathy with nurses was so well known.

### Ottawa General Hospital

Nursing Sisters O'Neil and Bourgault have sailed for England.

Nursing Sister Donnelly has been mentioned in despatches.

The Graduating Exercises of the Q.G.H. took place in the Lecture Hall on May 5th. Owing to the part recently destroyed by fire, the graduation was of a quieter form than usual. Thirteen young ladies graduated. The diplomas were presented by Mrs. Hesser, president of the Ladies' Auxiliary, and Miss McElroy, president of the Alumnae, pinned on the medals. The gold medal presented by Dr. Chabot, M.P., for surgery, was awarded Miss L. Egan, and the gold medal, presented by the Alumnae Association, was awarded Miss Doyon. The graduates were entertained at dinner by the Medical Staff at the Golf Club.

Miss McElroy, president of the Alumnae, spent the month of May in Baltimore and Washington.

The Misses Burgy, R.N., graduates of the O.T.H., also Miss Power and McFall, have joined the American Red Cross.

Mrs. C. Devitt, secretary-treasurer of the Alumnae, attended the National Association of Trained Nurses in Toronto as delegate of the Ottawa General Hospital.

Sister Bernard, R.N., graduate nurse of 1917, left for Champlain Valley Hospital, Plattsburg, N.Y.

Sister Zenobia, who has been very ill, is now enjoying her holidays in Ogdensburg, N.Y. Sister Mary Martha is replacing Sister Zenobia as Night Superintendent O.T.H.

The Alumnae offer to their many friends sincere thanks for their kind assistance received. They are now in a position to completely furnish two private rooms in the hospital.

### Western Hospital Graduation Exercises

Very pretty did the graduates of the Western Hospital look at the graduation exercises, when they wore their white uniforms with black-banded caps and carried an armful of yellow roses.

Rev. P. J. Wallace opened the exercises with prayer, after which the Superintendent of Nurses, Miss Beatrice L. Ellis, read the yearly report. Hon. G. Howard Ferguson delivered the address to the graduates, after which Mrs. Ferguson presented the pins and diplomas, the scholarships being presented by the donors.

The graduates are: Ethel Armstrong, Chatsworthy; Nettie Bell, Beaton; Jessie G. Campbell, Toronto; Sadie J. Cole, Acton; Clara G. Cann, Toronto; Margaret Davidson, Angus; Eva G. Grant, Toronto; Ethel M. Harshaw, Frederickton, N.B.; Edna E. Hughes, Mimico; Opal M. Hill, Brampton; Bertha J. Johnston, Hillsdale; Wilmine G. Jones, Uxbridge; Marie I. McLaughlin, Watford; Laura B. McDougall, Oakville; Mary L. Ogilvie, Lakefield; Frances M. Phillips, Toronto; Margaret Scott, Toronto; Dora E. Squire, Toronto; Annie E. Tarbush, Angus; Ethel M. Thompson, Stirling; Leta B. Ward, Toronto; Ruth Welstead, Toronto.



The scholarships presented were: Senior year, donated by Dr. A. A. McDonald, for general proficiency, won by Ruth Welstead; general proficiency, donated by Mrs. H. C. Tomlin, Ethel Armstrong; donated by Dr. Ewanton Heggie, for practical work, won by Ethel Harshaw; donated by Dr. Clouse, for operating room technique, Ethel Harshaw; gold medal, presented by Ladies' Board, won by Ruth Welstead for general proficiency; donated by Prof. John Ferguson, for proficiency in anatomy, Leta B. Ward. Intermediate year, prize presented by Thos. Findlay for general proficiency, won by Alice Ford, and junior year, presented by Mrs. Thos. Crawford and won by Helen M. Cringan, for general proficiency.

After the graduation exercises a reception was held on the lawn of the hospital for the nurses and their friends.

The regular monthly meeting of Toronto Western Hospital Alumnae was held in the reception room of Nurses' Home, May 30th, with a large attendance. After the routine business, the members had a very interesting address from Dr. Margaret Patterson, who is returned from India, on her work and showing the need of nurses for the work. Refreshments were served, when all enjoyed a social time.

Nursing Sisters Clara Tye, Gertrude Wright and Miss King, graduates, T.W.H., left for overseas with the last draft from Base Hospital.

### St. Michael's Hospital, Toronto

Miss M. Pickett attended the Convention of the A.M.A. of Graduate Nurses in Cleveland, Ohio.

Miss F. Nurse left recently for overseas.

The *Santa Fe Magazine,* published in Chicago, gave a pleasing reference to Miss Helen Lunn by the late Lt.-Col. John McCrae, in whose hospital Miss Lunn was serving.

Rev. Mother Alberta, hon. member of St. Michael's A.A., is on an extended trip, visiting hospitals supervised by the Sisters of St. Joseph.

The graduation of twenty-five pupils of St. Michael's Hospital was held May 8th. Rev. Father Cline distributed the diplomas and medals. Addresses were given by Dr. Durfer, Rev. Father Bench, Mr. Haney, Mr. B. Hayes and Dr. Silverthorn. At the close of the exercises, tea was served.

### London, Ont.

Much sympathy was expressed by the visiting and resident nurses in Toronto for Miss Stanley, Lady Superintendent of the Victoria Hospital, London, who was unfortunate enough to fall and suffer a severe fracture

of the femur at the close of the Convention in Toronto. It cast a gloom on the last sessions, and reference was made to the accident by Miss Randal, president of the C.A.N.E., and Miss Gunn, president of the C.N.A.

The Victoria Hospital A.A., combined with that of St. Joseph's Hospital, had the pleasure of entertaining the G.N.A.O. at their annual meeting, April 26 and 27. The opening session was held in the Normal School, followed by a luncheon given by the Local Council of Women, at which the Principal of the Normal School, Mr. S. J. Radcliffe, gave a most interesting address on "Literature as a Recreation for Nurses." The guests were motored to the Queen Alexandra Sanatorium, and, after being shown through the buildings, were entertained to tea by Sister Read, Sir Adam Beck and Dr. Kibbe. They then were taken to St. Joseph's Hospital, where, through the kindness of Mother St. Roch, a reception was held.

The evening session was open to the public, and addresses were given by three of London's prominent physicians. The closing session was held Saturday morning at Victoria Hospital, where discussions on various topics and on the addresses of the previous evening were held. The election of officers followed: President, Miss Kate Matthieson; First Vice-President, Miss Ella Jamieson; Second Vice-President, Miss Frances Rankin; Secretary, Miss Beatrice Ellis; Treasurer, Miss Esther Cook; Directors, Miss E. MacP. Dickson, Miss Hannah, Mrs. J. E. Bigler, Miss L. McElroy, Miss E. Forsythe, Miss K. Madden, Miss J. I. Gunn, Miss Eunice Dyke, Mrs. Harris, Miss Milton, Miss Forham, Miss Londeau, Miss Potts, Miss Walper, Miss Reynolds and Miss Rowan.

At the close of the Convention the nurses were entertained by Miss Stanley. Dr. Hill invited the nurses to go through the Hygienic Institute, which offer was accepted and appreciated.

### Stratford, Ontario

The officers of the A.A. of the Stratford General Hospital Training School are: Hon. President, Miss E. J. McArthur; President, Miss A. M. Munn; Vice-President, Miss Wallace; Secretary-Treasurer, Miss Agnes Keefer, 115 Cobourg Street, Stratford. Regular meetings, fourth Tuesday, at 8 p.m.

### St. Catharines General and Marine Hospital

The Graduating Exercises of the Mack Training School of the General and Marine Hospital, St. Catherines, Ont., took place recently in Queen's Hall. The Graduating Class, which was the largest in the history of the institution, was presented to their Excellencies, the Duke and Duchess of Devonshire. After presentation of pins and diplomas, several addresses and a delightful musical programme and informal reception and dance was held. The following nurses graduated: Misses Alice E. Knight, Toronto; Myrtle Fretz, Minnie Snyder, Kitchener; Eva L. Parr, Niagara Falls; Winifred Cahill, St. Catherines; Vera Brebner,



Ingersoll; Myrtle Allin, Tillsonberg; Bertha B. Horn, Burlington; Helen Nesbitt, Niagara-on-the-Lake; M. Hattie Wade, Port Hope; Hazel M. Dell, Port Dalhousie; Minnie Armstrong, Port Colborne; Mildred Aspinwall, Burlington.

### Hamilton

The Graduation Exercises of the Hamilton City Hospital took place on June 20th. After the opening exercises, the Nightingale pledge was given to the Graduating Class, whose names follow: Misses Margaret M. Boyd, Jessie Field, Margater Ashbaugh, Blanche Marley, Mabel P. McRory, Henrietta Patterson, E. Helen Haines, Elaine Withington, Ruth Withum, Mary H. Boyle, Sadie Nosworthy, Ella Risk, Ella Zoller, Ida Gardner, Minnie Fach, Ina Mathers, Mary Stuart, Bertha Bridgman, Eunice Langford, Cora Appleby, Lena Joneson, Ellen Miller, Gertrude Booking, Lillian T. Wray, Mildred Robinson, May Heath, Christine Herman, Catherine Carmichael, Sarah Carroll, Ethel Currie, Emily Churches, Gertrude Humphrey, Lillian E. Vance, Isabel Newbigging, Violet Forman, Rose Hess, Clara Stephen, Ella H. Rankin and Azella R. Jennings.

Reference was made to a scholarship of $100.00 a year for all time, given by Mr. T. H. Pratt, Chairman of the Board of Governors, in memory of his wife, and to be known as the Emma Pratt Memorial Scholarship. This was won by Miss Mildred J. Robinson, and the Mary McLaren House Scholarship went to Miss Elaine V. Withington.

At the annual meeting of the Hamilton Chapter of the G.N.A.O., the following officers were elected: Chairman, Miss Insole; First Vice-Chairman, Miss McColl; Second Vice-Chairman, Mrs. O'Brien; Secretary, Miss Hanselman; Treasurer, Miss Hanna; Executive, Mrs. J. Bucke, Miss K. Madden, Miss Dobbs, Miss Egan and Miss Bessie Sadler.

The annual meeting of the Nurses' Central Registry was held June 11th. A busy year was reported by the Registrar, Miss Insole. It was decided to increase the fee to the original sum, $7.00. Miss Annie Kerr occupied the chair.

A special meeting of the H.H.A.A. was held at the Nurses' Residence, June 18th. The report of the delegate to the recent conventions in Toronto was read and discussed. Plans for raising money for patriotic purposes were discussed.

Miss Bessie Sadler resigned as secretary, and Miss Margaret Dunlop was elected for the remainder of the year. A standing vote of thanks was given Miss Sadler.

Miss Mabel Dunlop is convalescing from a serious operation at the City Hospital.

Miss Emily Greenwood (H.C.H.) has been appointed O.R. Supervisor at the Milwaukee Hospital, Milwaukee, Wis.

Miss Florence Tooey has resigned her position as Night Supervisor at the H.C.H., and is taking a course in Social Service Work in Toronto.

Nursing Sisters Isobel Anderson, L. Jack, Mary Mason and Mabel Taylor left recently for overseas.

ST. JOSEPH'S HOSPITAL, CHATHAM

The annual meeting of the St. Joseph's Hospital A.A. was held June 21st, Miss Pauline O'Rourke in the chair. The President, Miss Lillian Richardson, was unable to be present, being in Toronto professionally. Addresses were given by Rev. Father James, Dr. Duncan and Miss Winifred Wildgen, of the Board of Education, Highland Park, Mich. Reports were read from the delegates to the Nurses' Conventions held recently in Toronto, and in conclusion a social hour was spent.

PETERBORO

Nursing Sister Pansy E. Roberts, C.A.M.C., has been appointed to the Ontario Military Hospital, Cobourg, since her return from France.

Nursing Sisters Bertha Fowry and Mrs. M. K. Douglas were granted a furlough after strenuous services in France. Mrs. Douglas also served in Lemnos and was decorated by the King for her services.

The following nurses graduated from the Training School of the Nicholls' Hospital, Peterborough, on the evening of June 4: Miss Florence Archer, Miss Mary McMahon, Miss Louise Steele, Miss S. A. M. Ellis and Miss Sarah F. McDonald.

An execellent musical programme was arranged and addresses given by Mr. John Crane, who occupied the chair in the absence of Mr. Hall, through illness; Rev. J. M. Webb, Dr. A. Moir and Dr. Eastwood. Miss Archer obtained the highest marks in her examinations. Miss McMahon obtained the prize for bandaging. A touching tribute was paid to the Superintendent, now serving in France, and to Miss Sanderson, Acting Superintendent, who is so loyally "carrying on" in her absence. The new Nurses' Home was formally opened the following evening and the graduates entertained.

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## MANITOBA

ST. BONIFACE HOSPITAL, MANITOBA

The members of the St. Boniface Nurses' Alumnae Association will regret to hear of the death of Nursing Sister Agnes MacPherson (1913), C.A.M.C., who died of wounds which she received while on duty in a Canadian Hospital in France during the recent German air raids.

Miss MacPherson was a general favorite, and the news of her death has cast a gloom over the hospital at St. Boniface, where she held a warm place in the hearts of all the members of the staff.

N. S. Barbara McKinnon (1912), C.A.M.C., and N.S. Mary Hirch (1907), C.A.M.C., were also among the wounded.

Miss M. Carson (1907), having resigned from the staff of public health nurses of the City of Winnipeg, is succeeded by Miss Amy O'Neill (1917).



Miss Mary Dillon (1912) and Miss S. McCennan (1913), who have been ill with typhoid fever, are convalescent.

N.S. Kartherine McGrath (1909), C.A.M.C., who is on duty overseas, recently had the Royal Red Cross presented to her.

Miss P. Lemieux (1917) has taken the position of Superintendent of the Hospital at Iroquois Falls, Ont.

N.S. S. Goodwin (1916), C.A.M.C., who has been on duty on the Military Wards of St. Boniface Hospital, has been transferred to Tuxedo Convalescent Hospital.

BRANDON

The Graduating Exercises were held at the Lecture Room of the Brandon General Hospital on June 6th, when ten members of the final year received their diplomas and pins at the hands of the Chairman of the Board, Mr. Whitehead, assisted by Miss Birtles, Superintendent of the Hospital. Several excellent addresses were given by members of the Board, physicians and clergymen. Flowers were presented as each nurse received her diploma. Miss Allena M. Coombs, gold medalist, also received a chatelaine from Dr. Sharpe for the highest aggregate marks during her three years' training and a purse presented by Dr. Bigelow for highest marks in oral examinations and practical work. Miss Jessie Steath, silver medalist, won also a fountain pen as award from Dr. Edminson for highest marks in Obstetrics, as well as the writing case presented by Dr. McDiarmid for highest marks in eye, ear, nose and throat nursing examinations. Miss Mae Fisher and Miss Esther Dandy received the bronze medal, and the latter also obtained the prize presented by the Board for general proficiency. The Intermediate prize, presented by Mr. D. A. Reesor, was given to Miss Bertha Park. Miss G. Cox-Smith, in the Junior Class, obtained the silver thermometer case presented by the Board.

Inspection of the Home followed the exercises, where the Class was entertained by Miss Birtles, the Superintendent.

The officers of the recently established Brandon G.N.A. are as follows: President, Miss Margaret Gemmill; Vice-President, Miss M. Hastings; Secretary-Treasurer, Miss M. Hastings; *Canadian Nurse* Representative, Miss Ruby Stent; Social Committee, Mrs. Frank Reed, Mrs. W. A. Bigelow and Miss Pike, with power to add to their number.

* * * *

## SASKATCHEWAN

The City Hospital, Saskatoon, Sask., held the graduation exercises on May 28th. The chair was taken by Mayor Young. The members of the Graduating Class were: Laura E. Knox, Minnie Miscampbell, Dorothy Harris, Catherine Mackintosh, Isabel G. Hislop, Alice M. Shorney, Edith Hackney, Ruby Simpson, Margaret Carroll, Mildred L. Spencer.

Miss Knox received the gold medal, with marks of 94 per cent. The diplomas were presented by Mr. Anderson and Miss Campbell; the

Superintendent pinned on the medals. Miss Campbell was presented with a sheaf of roses by the class. After a musical programme, the evening's proceedings closed with an informal dance, enjoyed by the nurses and their friends.

The Alumnae Association of the Saskatoon City Hospital: President, Miss M. A. Hood; Vice-President, Miss F. B. MacLean; Secretary-Treasurer, Mrs. Russell Hartney; Corresponding Secretary, Miss Dorothy Harris; Social Committee, Miss M. Shorey, Miss R. Simpson.

Regular monthly meeting—Second Tuesday, 8 p.m.

Saskatoon Graduate Nurses' Association: President, Mrs. Sylvester Archibald; First Vice-President, Mrs. Alfred Bates; Second Vice-President, Miss G. D. Barry; Secretary-Treasurer, Miss A. M. Renshaw; Councilors, Miss F. B. MacLean, Miss Agnes Horan, Miss Wilson, Miss M. Berry, Miss M. A. Hood.

Regular monthly meeting—First Thursday evening, 8 o'clock.

On April 30th, 1918, the following nurses received their diplomas and pins at the Annual Graduation Exercises held in the Auditorium of the Nurses' Home, St. Paul's Hospital, Saskatoon: Miss Mabel Lang, Allen, Sask.; Mrs. Margaret Bernard, Duck Lake, Sask.; Miss Iva Smith, Perdue, Sask.; Miss May Archer, Quill Lake, Sask.; Miss Evelyn Chestrom, Moose Jaw, Sask.; Miss Margaret Cameron, North Battleford, Sask.; Miss Bernice Baker, Heward, Sask.; Miss Stanis MacFarlane, North Battleford; Miss Eva Brown, Saskatoon; Miss Winabel Preston, Saskatoon.

### Moose Jaw

Miss Jean Wilson has returned from her visit East, where she attended the Convention as delegate. She also addressed her Alumnae at the Lady Stanley Institute on the subject of Registration of Nurses.

Miss Randal, Editor of the *Canadian Nurse and Hospital Review*, addressed the Graduate Nurses of Maple Creek and the nurses of the Maple Creek Hospital on June 22nd at the home of Mrs. Wm. Pollock, who kindly arranged for a pleasant gathering. It was a great treat to the nurses to hear Miss Randal, who addressed them on Registration, the Magazine, Nurses' Associations, etc., and gave them news of the C.A.N.E. and C.N.A.T.N. convention

The eighth annual meeting of the Regina Graduate Nurses' Association was held at the Nurses' Home of the General Hospital, Thursday, May 2nd. In the absence of Mrs. O. W. Smith, President, Miss G. M. Cooper, First Vice-President, presided. About forty registered nurses were in attendance. Fifteen new members joined the Association. Miss Cooper gave a short report of the Saskatchewan Registered Nurses' Association convention, held at Saskatoon last week.

The paper by Dr. R. G. Ferguson on "Sanatorium Treatment of Tuberculosis," Superintendent of the Fort Quappelle Sanatorium, was listened to with a great deal of interest.



Miss Jean E. Browne expressed the appreciation of the nurses present, and moved a hearty vote of thanks to Dr. Ferguson. This was seconded by Miss E. Thomas.

The following officers were elected for the ensuing year: Hon. President, Miss Jean E. Browne; President, Miss Grace M. Cooper; First Vice-President, Miss Netta Peel; Second Vice-President, Miss Mary Smith; Secretary, Miss Rhoda B. Johnston; Treasurer, Miss Hazel M. Matthews.

The tea table, which was very daintly and attractively arranged, was presided over by Miss Jean E. Browne, and a pleasant social hour was spent.

* * * *

## ALBERTA

### Edmonton

Miss Frances MacMillan, R. V. H., Montreal, who has been for some time Assistant Superintendent of the Royal Alexandra Hospital, has been appointed Superintendent in place of Miss Campbell, who resigned to be married.

On the occasion of the resignation and approaching marriage of Miss Chistina Campbell, who has been connected with the Royal Alexandra Hospital, Edmonton, for years, a reception was given by the Superintendent, Miss McMillan, and the staff and nurses. A very delightful evening was spent, and at the close a case of Community flat silver was presented to Miss Campbell as a mark of appreciation from the doctors. After refreshments were served, dancing resumed.

### Calgary

The following nurses have been appointed Provinical Health Nurses for Alberta: Miss Christine Smith, President of the Provincial Health Nurses; Miss Bessie Sargent, Miss E. Maud Davidson, Miss Gladys Thurston, and Miss Elizabeth Clark. A tea was recently given them by Dr. Oakley and the Calgary Graduate Nurses' Association in the Tapestry Room of the Hudson's Bay Company. Representatives of the Women's Institute and of the Women's Press Club were invited, and many availed themselves of the invitation.

At the Annual Meeting of the Calgary Graduate Nurses' Association the following officers were elected: President, Nursing Sister Duncan; First Vice-President, Miss E. Fletcher; Second Vice-President, Miss Dewar; Recording Secretary, Miss M. Brown; Corresponding Secretary, Miss A. Felton; Treasurer, Mrs. D. Anderson; Registrar, Mrs. F. A. Davies; Executive Committee, Miss M. Hayden, Miss Shantz; Representatives for Canadian Nurse, Miss Miller, Miss Edy and Sister Duckett.

The Graduate Nurses' Association of Calgary have arranged to defray the expenses of the salary of a graduate nurse who will nurse returned soldiers, or their dependents, gratis. A tag day under the auspices of the Military Chapter of the I. O. D. E. was held June 22nd, to

get money to pay this nurse. The Great War Veterans started the fund with $25.00.

At a recent meeting of the C. G. N. A. steps were taken to urge the Council to turn the Hospital over to the City, making it a Municipal Hospital in reality. A resolution also carried instructing the Secretary to notify the Medical Association that in future all nurses in private practice would insist on written orders, signed by the doctor, as is done by other associations, and would not accept responsibility for verbal orders.

The following Nursing Sisters have been appointed: N. S. B. M. MacIntosh, A.M.C., as Matron of Strathcona Military Hospital, Edmonton; Margaret Edith Manuel, as Nursing Sister at same hospital; Harriet Hale, Eleanor L. Rennie, and May Alice Lungston appointed to Calgary Military Hospital; Maggie J. James for duty at Ogden Convalescent Home.

A course of lectures in Civics, to be given by prominent men and women of Calgary, is planned for this winter by the C. G. N. A.

* * * *

## BRITISH COLUMBIA

The first Conventions of the Hospitals of British Columbia was held in the B. C. University Auditorium, June 26th, 27th and 28th. A most instructive programme was prepared and a good attendance of representatives from all over the Province obtained. The various hospitals in the vicinity were visited and the visitors entertained by a number of pleasant trips, ending with a dinner at the Capilano Canyon Hotel, as the guests of the Vancouver General Hospital Board.

Forty pupils of the Graduating Class of the Vancouver General Hospital received their diplomas at the University Auditorium, June 28th. Addresses were given by Mrs. Ralph Smith, M.L.A., Alderman Hamilton, representing Mayor Gale, Dr. Gatewood, President of the Board, and Dr. MacEachern, Superintendent of the Hospital.

Miss Marjorie Helen Harris was distinctive by reason of the fact that she has received two of the special awards. The first was for the best examination in diseases of the eye, the second for the highest standing in surgery. Miss Marion Otton received the gold medal for general proficiency, while Miss Eleanor Matthews received a silver medal for the highest standing in medicine. Miss Gladys M. Kipp received the Riggs-Monro scholarship for surgery, consisting of a $250 course in a recognized school of surgery in the larger centres.

The impressive Florence Nightingale pledge was solemnly administered by Rev. (Major) C. C. Owen, and following the presentation of diplomas and medal pins by Mrs. Robson and Mrs. Johnson, the floors were cleared and dancing was enjoyed. Each girl graduate carried a beautiful armful of roses as she received her graduation awards.

Following is the complete list of the graduates:

J. Hope MacLeod, Pearl MacDonald, Jean Finlay Harrison, Ida



Frances Lougheed, Charlotte Whitaker, Gladys M. Kipp, Laura Fern Crawford, Agnes May Crowe, K. Pearle Reid, Ethel B. Walsh, Judith L. Johnson, Nellie I. Anderson, Louise Adele Allison, Mary Emily Nicholson, Rhoda Gladys Weeks, Huberta Margaret Shaw, Frances McGillivray, E. Pearl Warner, Jessie Scott, Hattie Belle Innis, Marian Otton, Olive M. Shore, Etta Alice Timleck, Eva May Tubman, Blanche L. Brydone-Jack, Marguerite Crowder, Harriet Berturde Ruddock, Dorothy Rose Bowman, Olive E. Freborn, Margaret C. Goodwin, Gwendolyn Edith York, Emma B. Davies, Helen Elizabeth Rose, Carrie M. Meredith, Helen Louise Honeyman, Marjorie Helen Harris, Alice Lillian Wright, Miriam Edith McCaul, S. Agnes Maitland, Eleanor Matthews.

Nursing Sisters Anna Bruce and Bertha Wilson, who have been awarded the Royal Red Cross in the second class, are both graduates of the Vancouver General Hospital. Miss Bruce graduated in 1917, and Miss Wilson in 1916. The latter has been at the front almost two years.

## Births

DIXON—At Maple Creek, Sask., June 28th, 1918, to Mr. and Mrs. A. L. Dixon, a daughter. Mrs. Dixon was Miss E. Brockie, graduate of Grace Hospital, Toronto, Ont.

LAWRENCE—To Mr. and Mrs. S. Lawrence (Miss E. Ivelson, Saskatoon City Hospital, 1916) at Saskatoon, on May 29th, 1918, a son.

## Marriages

HORNIBLOW—WILSON—On March 28th, in England, Miss Julia Wilson, graduate Vancouver General Hospital, to Captain A. E. Horniblow, R.A.M.C.

ROGERS—MACLEOD—On June 19th, at Christ Church, Vancouver, Miss Katherine MacLeod, graduate of Vancouver General Hospital, to Mr. Harold Rogers, of Everett, Wash.

BALSDON—LOUGHEED—At Glenside, Sask., on June 26th, 1918, Tillie Lougheed to H. G. Balsdon, of Craig, Sask. Mrs. Balsdon was a graduate of Maple Creek General Hospital (class 1916).

DEAN—JACK—On March 26th, 1918, Daisy Jack (M.W.H., 1917), Montreal, to Lieut. J. R. Dean, C.A.M.C., Clarenceville, Quebec

BUTLER—CLARK—At Brooklyn, N. Y., on May 28th, 1918, Annie M. Clark (Kingston General Hospital, 1905) to N. M. Butler, M. D.

CARTER—GERBER—On June 18th, 1918, at St. Joseph's Church, Chatham, Ont., Miss Ella Gerber (St. Joseph's Hospital, Chatham, 1914) to Mr. Joseph Carter.

EDWARDS—CAMPBELL—On Sunday, June 30th, 1918, at Edmonton, Alberta, Miss Christina Margery Campbell (R. V. H., Montreal) to Mr. Nathaniel Edwards.

ANDERSON—SEVERSON—On Wednesday, June 12th, 1918, at Grafton, N. D., by the Rev. K. K. Olafson, Dr. William E. Anderson to Miss

Fannie Severson (W. G. H., 1916). Dr. Anderson has been specializing at the same institution in eye and ear work for the past year.

BLAKE—BARR—At Hamilton, January 31st, 1918, Miss Helen Leon Parr to Dr. William Blake. They will reside on Main Street, East, Hamilton, Ont.


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Regular Monthly Meeting—Third Tuesday, 8 p.m.

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Regular monthly meeting second Wednesday, 8 p.m.

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Conveners of Committees—Social: Miss Etta McPherson; Press and Publication: Miss L. Smith; Sick: Miss Goldner.

Regular Meeting—Second Tuesday, 8 p.m.

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Programme Convener—Miss A. E. Wells, 27 Balmuto Street.

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Regular Meeting—First Tuesday, 4 p.m.

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Regular Meeting—First Tuesday, 3.30 p.m.

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Regular Monthly Meeting at Nurses' Residence, first Wednesday of each month.

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Regular Meeting—Second Wednesday, 8 p.m.



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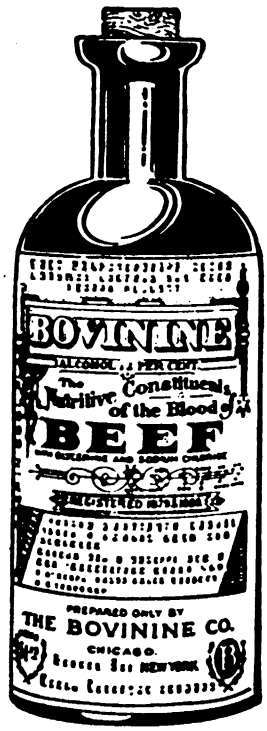


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